

# Safety Incident Report

**Date of Report:** [Insert Date]

**Incident Date:** [Insert Incident Date]

**Time of Incident:** [Insert Time]

**Location:** [Insert Location]

**Reported By:** [Insert Your Name]

**Position:** [Insert Your Position]

## Details of the Incident:

[Describe the incident in detail, including what happened, how it happened, and any contributing factors.]

## Injuries or Damage:

[Detail any injuries sustained or damage caused.]

## Witnesses:

[List any witnesses to the incident.]

## Actions Taken:

[Describe any immediate actions taken in response to the incident.]

## Recommendations:

[Provide recommendations to prevent future incidents.]

**Submitted by:** [Insert Your Name]

**Signature:** \_\_\_\_\_