

# Safety Incident Report

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

**Incident Date:** [Insert Date]

**Location of Incident:** [Insert Location]

**Reported By:** [Your Name]

**Position:** [Your Position]

## Incident Details

**Description of Incident:**

[Detailed description of the safety incident]

## Injuries/Illnesses

**Were there any injuries?** [Yes/No]

**If yes, describe:** [Description of injuries]

## Witnesses

**List of Witnesses:**

- [Witness Name 1]
- [Witness Name 2]
- [Witness Name 3]

## Immediate Actions Taken

[Description of any immediate actions taken following the incident]

## Preventive Measures

[Suggestions for preventing similar incidents in the future]

## Signatures

**Reported By:** \_\_\_\_\_ (Signature)

**Date:** \_\_\_\_\_