

# Workplace Incident Report

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

**Incident Date:** [Insert Date]

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

**Location:** [Insert Location]

## Incident Details

**Description of Incident:**

[Provide a detailed description of the incident]

## Injuries Sustained

**Injured Person(s):** [Name(s)]

**Nature of Injuries:** [Describe the injuries]

## Witnesses

**Witness Names:** [List names]

## Immediate Action Taken

[Describe any immediate action taken following the incident]

## Recommendations for Future Prevention

[Provide recommendations to prevent similar incidents]

## Reported By

**Name:** [Your Name]

**Position:** [Your Position]

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