

# Employee Health and Safety Incident Report

Date: [Insert Date]

To: [Supervisor's Name]

From: [Employee's Name]

Department: [Department Name]

## Incident Details

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

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

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

## Incident Description

[Provide a detailed description of the incident, including what happened, how it happened, and any immediate actions taken.]

## Injuries Sustained

[List any injuries sustained as a result of the incident.]

## Witnesses

[Provide names and contact information for any witnesses.]

## Immediate Actions Taken

[Describe any immediate actions taken following the incident, including first aid and reporting procedures.]

## Recommendations for Future Prevention

[Provide any recommendations for how to prevent similar incidents in the future.]

## Attachments

[Include any relevant photographs, documents, or forms as attachments.]

## **Signature**

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[Employee's Name]

[Employee's Position]