

Workplace Health and Safety Incident Report

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

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

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

Details of the Incident

Description of the Incident: **[Provide a brief description]**

Individuals Involved

Name of Injured Party: **[Insert Name]**

Department: **[Insert Department]**

Contact Information: **[Insert Contact Info]**

Witnesses

Witness Name 1: **[Insert Name]**

Witness Name 2: **[Insert Name]**

Immediate Actions Taken

[Describe any immediate actions taken post-incident]

Future Preventative Measures

[Outline any recommendations to prevent future incidents]

Report Prepared By

Name: **[Your Name]**

Position: **[Your Position]**

Date: **[Insert Date]**

Signature
