

Workplace Incident Report Form

1. Incident Information

Date of Incident

Time of Incident

Location

e.g. Warehouse, Office A, etc.

Type of Incident

Select

Description of Incident

Provide a detailed description of what happened

2. Persons Involved

Name

Role/Position

Contact Information

Witnesses (if any)

List names separated by commas

3. Immediate Actions Taken

Describe any immediate actions taken after the incident

4. Reporter Information

Name

Date

Signature

(For print-out)