

# Safety Violation Incident Report

## General Information

Date of Incident

Time of Incident

Location

e.g., Assembly Line 3

## Involved Personnel

Worker Name

Department

Supervisor

## Incident Details

Type of Safety Violation

Select

Describe the Incident

Provide a concise description of what happened

## Immediate Action Taken

Describe actions taken immediately after the incident

## Witnesses (if any)

Names and contacts

## Reported By

Name

Date

