

# Employee Safety Violation Incident Report

**Date of Report**

YYYY-MM-DD

---

**Time of Incident**

HH:MM AM/PM

---

**Reported By (Name/Position)**

Full Name / Position

---

**Department**

Department

---

**Location of Incident**

Work Area / Station

---

**Employee(s) Involved**

Name(s) / ID(s)

---

**Description of Violation**

Describe the safety violation in detail

---

**Detailed Incident Description**

Describe what happened, actions observed, and context

---

**Safety Policy/Procedure Violated**

Specify the violated policy or procedure

---

**Immediate Corrective Actions Taken**

What actions were taken right after the incident?

---

**Witnesses**

List of witness names, if any

---

**Supervisor/Manager Notified**

Name and time notified

---

**Root Cause Analysis / Notes**

Possible reasons and contributing factors

---

**Recommendations for Prevention**

Suggestions to prevent recurrence

---

**Report Prepared By**

Signature / Name

---

**Date**

YYYY-MM-DD

---