

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
