

# Employee Incident Safety Record Form

The **employee incident safety record form sample** is designed to document workplace accidents and ensure proper safety measures are followed. It helps organizations track incidents, analyze causes, and implement preventive actions. Using this form promotes a safer work environment by maintaining detailed and organized records.

**Date of Incident:**

**Time of Incident:**

**Employee Name:**

**Employee ID:**

**Department:**

**Location of Incident:**

**Type of Incident:**

 Injury ▾

**Description of Incident:**

**Description of Injuries (if any):**

**Witnesses (Name & Contact):**

**Cause of Incident (if known):**

**Immediate Action Taken:**

**Recommended Preventive Measures:**

**Reported By:**

**Report Date:**

**Supervisor's Comments:**

Date	Employee Name	Type of Incident	Description	Immediate Action
2024-06-01	Jane Smith	Injury	Slip and fall by the entrance.	First aid provided. Area cleaned.
2024-05-18	Michael Brown	Near Miss	Box fell nearby but did not hit anyone.	Box secured. Area inspected.