

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:

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.