

Workplace Incident Report Record Form

This **workplace incident report record form sample** is designed to document any accidents or safety incidents efficiently. It ensures accurate recording of essential details to improve workplace safety. Use this form to promote a safer work environment and comply with safety regulations.

1. Basic Information

Date of Incident:

Time of Incident:

Location of Incident:

e.g., Warehouse, Office 3B

Reported By:

Enter your name

Job Title:

2. People Involved

Name(s) of Person(s) Involved:

Witness(es):

3. Incident Details

Description of Incident:

Describe what happened in detail

Injuries Sustained (if any):

Describe any injuries

4. Immediate Actions Taken

Immediate Actions/First Aid Given:

5. Root Cause & Recommendations

Possible Cause(s) of Incident:

Recommendations to Prevent Recurrence:

6. Follow-Up

Supervisor/Manager Comments:

Date Reported:

Submit Report