

Employee Incident Record Form

The **employee incident record form** sample is a vital tool for documenting workplace incidents accurately and efficiently. It helps ensure all relevant details are captured to support safety and compliance efforts. Proper use of this form aids in incident analysis and prevention of future occurrences.

Employee Information

Employee Name	<input type="text"/>
Employee ID	<input type="text"/>
Department	<input type="text"/>
Supervisor	<input type="text"/>

Incident Details

Date of Incident	<input type="text"/>
Time of Incident	<input type="text"/>
Location	<input type="text"/>
Type of Incident	<div>--Select--<div></div></div>
Description of Incident	<div></div>

Witnesses

Name(s) of Witness(es)	<div>Separate names with commas</div> <div></div>
Statements (if any)	<div></div>

Actions Taken

Immediate Action Taken	<div></div>
Reported to	<div></div>
Date Reported	<div></div>

Further Investigation

Investigation Required?	<div><div></div> Yes <div></div> No</div>
Investigator Name	<div></div>

Findings/Recommendations

Signatures

Employee Signature

Date

Supervisor Signature

Date

Submit