

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	
Employee ID	
Department	
Supervisor	

Incident Details

Date of Incident	
Time of Incident	
Location	
Type of Incident	--Select--
Description of Incident	

Witnesses

Name(s) of Witness(es)	Separate names with commas
Statements (if any)	

Actions Taken

Immediate Action Taken	
Reported to	
Date Reported	

Further Investigation

Investigation Required?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Investigator Name	

Findings/Recommendations**Signatures**

Employee Signature	<input type="text"/>
Date	<input type="text"/>
Supervisor Signature	<input type="text"/>
Date	<input type="text"/>

Submit