

# Safety Incident Record Form Sample

This **safety incident record form sample** helps organizations document workplace accidents accurately, ensuring compliance with safety regulations. It captures essential details such as incident date, description, and corrective actions to prevent recurrence. Utilizing this template promotes a safer work environment by facilitating thorough incident reporting and analysis.

<b>Date of Incident:</b>	
<b>Time of Incident:</b>	e.g., 14:30
<b>Location of Incident:</b>	e.g., Warehouse Zone B
<b>Reported By:</b>	
<b>Person(s) Involved:</b>	
<b>Type of Incident:</b>	-- Select --
<b>Description of Incident:</b>	
<b>Immediate Actions Taken:</b>	
<b>Corrective Actions to Prevent Recurrence:</b>	
<b>Witnesses (if any):</b>	Name(s), Contact Info
<b>Date Reported:</b>	

**Submit**

**Clear**