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# Workplace Incident Report Sample

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## Incident Information:

- Incident ID: \_\_\_\_\_
- Date/Time: \_\_\_\_\_
- Location: \_\_\_\_\_

## Reporter Details:

- Name: \_\_\_\_\_
- Department: \_\_\_\_\_
- Contact Info: \_\_\_\_\_

## Incident Description:

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## Injury Information:

- Individual(s) Involved: \_\_\_\_\_
- Nature of Injury: \_\_\_\_\_
- Treatment Administered: Yes  No

## Witness Details:

Name	Contact Info	Department	Statement


**Preventative Measures:**

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**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Department Review:**

- **Reviewed By:** \_\_\_\_\_
- **Actions Taken:**

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- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_