

# Incident Report Form

[Company Logo]

To ensure a safe work environment, it is mandatory for all employees to complete this form in the event of a work-related incident. Any incident should be reported as soon as possible but no later than 24 hours after its occurrence. Failure to report such incidents within the prescribed timeframe may result in disciplinary action, which could include suspension or termination.

<b>Issued By:</b>	<b>Project Name:</b>
-------------------	----------------------

Incident Information	
<b>Employee Name:</b>	<b>Date Reported:</b>
<b>Employee Title/ Role:</b>	<b>Time Reported:</b>
<b>Date of Incident:</b>	<b>Incident Location:</b>
<b>Time of Incident:</b>	<b>Witness Name(s):</b>

**In as much detail as possible, please describe the incident that occurred in the space below**

**Please describe any conditions or factors that may have contributed to this incident**

**Please describe what could have been done differently to avoid this incident**

**Was anyone injured as a result of this incident?**

Yes

No

**\*If an injury occurred, please ensure you complete and submit an injury report form along with this incident report.**

**Were there any witnesses to the incident?**

Yes

No

**\*If one or more witness was present during the time of the incident, please fill in their name(s) and contact information:**

**Witness Name(s):**

---

---

---

**Witness Contact Information:**

---

---

---

**Employee Signature:**

**Date Signed:**

**Supervisor/ Manager Signature:**

**Date Signed:**