

WORKPLACE INCIDENT REPORT

Location of Incident: _____ Time of Incident: _____

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Supervisor: _____

Incident Details:

Type of Incident: _____

Exact Location: _____

Witnesses (if any): _____

Description of Incident: _____

Injury Details: _____

Was Medical Treatment Required? (Yes/No): _____

Describe Injuries (if any): _____

Immediate Actions Taken: _____

Root Cause Analysis: _____

Corrective and Preventive Actions: _____

Section 1 – Purpose

This Incident Report documents the facts, circumstances, and actions related to the workplace incident identified herein. This form should be completed promptly and accurately to ensure compliance with applicable federal and state occupational safety and health regulations.

Section 2 – Definitions

‘Incident’ means any unplanned event that resulted in or could have resulted in personal injury, property damage, or environmental harm. ‘Medical Treatment’ refers to medical services provided by a healthcare professional beyond first aid.

Section 3 – Confidentiality

All information contained in this report is confidential and shall be used solely for internal safety investigations, regulatory reporting, and prevention of future incidents. Disclosure to third parties is restricted except as required by law.

Section 4 – Legal Compliance

Completion and submission of this report comply with OSHA requirements and other applicable state and federal laws. The company commits to conducting a thorough investigation and taking appropriate corrective actions.

Section 5 – Reporting Obligations

Employees have a duty to promptly report workplace incidents to their supervisors or designated safety personnel. Failure to report may result in disciplinary action.

Section 6 – Investigation

A designated safety officer or supervisor shall investigate the incident, document findings, and recommend corrective measures to prevent recurrence.

Section 7 – Non-Retaliation

No employee shall suffer retaliation or discrimination for reporting incidents or cooperating in investigations. Retaliation is strictly prohibited and may result in disciplinary action.

Section 8 – Signatures and Certification

The undersigned certify that the information provided in this report is accurate and complete to the best of their knowledge. False statements may lead to disciplinary or legal action.

REPORTER'S SIGNATURE

SUPERVISOR'S SIGNATURE

Signature: _____

Signature: _____

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