**Workplace Incident and Injury Report Form**

**Section 1: Employee & Incident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John Smith | Employee ID | 0247 |
| Department / Division | Maintenance | Job Title | Electrical Technician |
| Supervisor’s Name | Sarah Johnson | Date of Incident | 10/18/2025 |
| Time of Incident | 02:45 PM | Location of Incident | Workshop – Electrical Room |
| Was the employee on duty? | ☐ Yes ☐ No |  |  |

**Section 2: Incident Details**

|  |  |
| --- | --- |
| **Question** | **Details / Sample Entry** |
| Type of Incident | ☐ Injury ☐ Near Miss ☐ Property Damage ☐ Illness |
| Describe what happened (in detail): | While repairing a control panel, the employee received a minor electric shock due to a loose wire. |
| Equipment or tools involved | Electrical control panel, insulated gloves |
| Immediate cause | Faulty insulation on wire |
| Contributing factors | Wet floor, inadequate lighting |
| Were there witnesses? | ☐ Yes ☐ No |
| If yes, name(s) of witnesses | Mark Lee, Technician |

**Section 3: Injury Information**

|  |  |
| --- | --- |
| Type of injury | Electric shock (minor) |
| Part of body affected | Right hand |
| First aid given? | ☐ Yes ☐ No |
| If yes, describe treatment | Ice pack applied; employee monitored for 30 minutes |
| Was further medical treatment required? | ☐ Yes ☐ No |
| Name of medical facility / provider | City Care Clinic |
| Days off work (if applicable) | 2 days |

**Section 4: Corrective & Preventive Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Required** | **Responsible Person** | **Completion Date** | **Status** |
| Replace faulty wire insulation | Sarah Johnson | 10/20/2025 | Completed |
| Inspect all electrical panels weekly | Maintenance Team | Ongoing | In Progress |
| Improve lighting near workstations | Facilities Dept. | 10/25/2025 | Pending |

**Section 5: Supervisor & Safety Officer Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed By** | **Title** | **Date** | **Signature** |
| Sarah Johnson | Supervisor | 10/18/2025 | \_\_\_\_\_\_\_\_\_\_\_\_ |
| David Brown | Safety Officer | 10/19/2025 | \_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 6: Administrative Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Report Number |  | Date Report Filed |  |
| Follow-up Required? | ☐ Yes ☐ No | Investigation Completed On |  |
| Closed By |  | | |

**Notes:**

* This form should be completed **within 24 hours** of the incident.
* Attach **photos, witness statements, and medical reports** if applicable.
* Maintain a digital and printed copy for safety records.