**Incident Report Form**

**[Company/Organization Name]**[Department]  
[Office Location]

**Reporter Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Job Title:** |  | **Employee ID (if applicable):** |  |
| **Contact Number / Email:** | |  | |

**Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | **Time of Incident:** |  |
| **Exact Location of Incident:** |  | | |
| **Type of Incident:** | ☐ Injury ☐ Property Damage ☐ Safety ☐ Misconduct ☐ Other: | | |

**Persons Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s):** |  |  |  |
| **Job Title(s):** |  | **Department(s):** |  |

**Description of Incident**

(Provide a clear and detailed description of what happened.)

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**Immediate Action Taken**

(Describe any action taken at the time of the incident.)

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**Witness Information (if any)**

|  |  |
| --- | --- |
| **Witness Name(s):** | **Contact Information:** |
|  |  |
|  |  |

**Injury / Damage Details (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Injury or Damage:** |  |  |  |
| **Medical Attention Required:** | ☐ Yes ☐ No | **Estimated Loss or Damage Cost:** |  |

**Preventive Measures / Recommendations**

(Suggest steps to prevent similar incidents in the future.)

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**Review and Approval**

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| --- | --- | --- | --- |
| **Reviewed By (Supervisor/Manager):** |  | **Designation:** |  |
| **Signature:** |  | **Date:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |

**Note:** This form should be completed as soon as possible after the incident and submitted to the appropriate authority.