# Incident Report Form

*Purpose:* This form is intended to document workplace accidents, injuries, or any safety violations. It helps ensure proper follow-up, remediation, and compliance with company safety protocols.

## Reporter Information

**Name:** {reporterName}

**Position:** {reporterPosition}

**Department:** {reporterDepartment}

**Date of Report:** {reportDate}

## Incident Details

**Date of Incident:** {incidentDate}

**Time of Incident:** {incidentTime}

**Location:** {incidentLocation}

**Description of Incident:**
{incidentDescription}

## People Involved

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Injury Reported** |
| {#involvedPeople}{name} | {role} | {injuryReported}{/involvedPeople} |

## Injuries Sustained

{#hasInjuries}

* **{injuredPerson}:** {injuryDescription}

{/hasInjuries}

{^hasInjuries}No injuries were reported.{/hasInjuries}

## Witness Statements

{#witnesses}

* **{witnessName}:** {witnessStatement}

{/witnesses}

## Immediate Action Taken

{immediateAction}

## Additional Notes

{additionalNotes}

## Follow-Up Required

{#followUpRequired}Yes{/followUpRequired}

{^followUpRequired}No follow-up required.{/followUpRequired}

## Supervisor Review

**Reviewed By:** {reviewerName}

**Review Date:** {reviewDate}

**Comments:**
{reviewComments}