# Safety Incident Report

**Purpose:** This document serves to record and analyze workplace safety incidents or accidents. It is used to identify hazards, determine root causes, document injuries or damages, and outline corrective actions to prevent future occurrences.

## Incident Information

**Date of Incident:** {incidentDate}

**Time of Incident:** {incidentTime}

**Location:** {location}

**Reported By:** {reportedBy}

## Persons Involved

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Role/Title** | **Injury (if any)** |
| {#personsInvolved}{fullName} | {role} | {injuryDetails}{/personsInvolved} |

## Incident Description

**Summary:**

{incidentSummary}

## Cause Analysis

**Immediate Cause(s):** {immediateCauses}

**Root Cause(s):** {rootCauses}

## Witness Statements

{#witnesses}

* **{name}:** {statement}

{/witnesses}

## Actions Taken

**Initial Actions:** {initialActions}

**Medical Attention Provided:** {#medicalProvided}Yes{/medicalProvided}{^medicalProvided}No{/medicalProvided}

**Authorities Notified:** {#authoritiesNotified}Yes{authorityDetails}{/authoritiesNotified}{^authoritiesNotified}No{/authoritiesNotified}

## Corrective & Preventive Actions

{#correctiveActions}

* **{action}:** Responsible: {responsible}, Due Date: {dueDate}

{/correctiveActions}

## Follow-Up & Verification

**Follow-Up Date:** {followUpDate}

**Verified By:** {verifiedBy}

**Verification Notes:** {verificationNotes}

## Additional Information/Notes

{additionalNotes}