

# SAFETY INCIDENT REPORT

Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Reporter Information:**

Full Name: \_\_\_\_\_

Job Title / Position: \_\_\_\_\_

Department/Team: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

**Incident Details:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Incident Description:

**Persons Involved:**

Name(s): \_\_\_\_\_

Role(s) / Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Immediate Actions Taken:**

**Witnesses (if any):**

Name(s): \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Root Cause Analysis and Recommendations:**

**Reporter Signature**

**Manager Signature**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Original source of this document:

<https://docs-wellness.com/safety-incident-report-template/>

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