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INCIDENT/ACCIDENT/INJURY REPORT

1. Name of Employee: _____
2. Home Address: _____ Contact No: _____
3. Name of Company where Incident/Accident/Injury Occurred: _____

4. Date: _____ Time: _____
5. Role Undertaken when Incident/Accident/Injury Occurred: _____

6. Direct Supervisor: _____ Contact No: _____
7. Nature/Description of Incident/Accident/Injury: _____

8. To Whom Reported: _____ Title: _____
9. Date: _____ Time: _____
10. Immediate Corrective Action Taken & By Whom: _____

11. Was Anyone Present Who Witnessed the Incident/Accident/Injury? _____

Name: _____ Contact No: _____

12. Name/Address/Contact Details of Doctor if Appropriate: _____

13. Long Term Corrective Action Taken and By Whom: _____

14. Outcome/Result: _____

15. Further Details: _____

16. Please Sign if the Details of this Report are Correct:

Name of Person Affected: _____

Name Date Signature

Direct Supervisor: _____

Name Date Signature