

INCIDENT REPORT FORM

Location of Incident: _____

Time of Incident: _____

Reporting Person Details:

Full Name: _____

Position/Role: _____

Contact Number: _____

Incident Details:

Type of Incident: _____

Incident Location Description: _____

Detailed Description of Incident: _____

Witness Information:

Full Name: _____

Contact Number: _____

Injuries Sustained:

Please specify any injuries sustained during the incident:

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Actions Taken:

Describe any immediate actions taken following the incident:

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Declaration and Signature:

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that providing false information may result in disciplinary or legal action.

Reporting Person's Signature

Name: _____

Date: _____

Signature: _____

Supervisor's Signature

Name: _____

Date: _____

Signature: _____

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