[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Workplace Incident Record Form

A factual record of a workplace incident, injury, or near miss: what happened, who was involved, what was done immediately, witnesses, contributing factors, and corrective actions.

Complete this form as soon as practicable after the incident, while details are fresh. Record facts only: what was seen, heard, and done, in sequence. Do not record opinions about blame, and do not record conclusions in the description section; conclusions belong in the investigation section, after evidence has been considered. If any part is not known, state that it is not known rather than guessing.

Organisation: _____

Incident reference: _____

Date of the incident: _____

Time of the incident: _____

Exact location: _____

Type of incident: _____

Reported by: _____

Date reported: _____

Supervisor notified: _____

1. People involved

Full name	Role or job title	Department or team	Contact details	Involved as
[Full name of the person involved]	[Job title of the person involved]	[Name of the department or team]	[Contact details of the person involved]	[Role of the person in the incident]
[Full name of the person involved]	[Job title of the person involved]	[Name of the department or team]	[Contact details of the person involved]	[Role of the person in the incident]
[Full name of the person involved]	[Job title of the person involved]	[Name of the department or team]	[Contact details of the person involved]	[Role of the person in the incident]
[Full name of the person involved]	[Job title of the person involved]	[Name of the department or team]	[Contact details of the person involved]	[Role of the person in the incident]

2. Factual description of what happened Describe, in sequence, what the person was doing, what went wrong, and what resulted. Include the conditions at the time, such as lighting, weather, surface, equipment in use, and supervision present, where relevant. Attach or reference any photographs, sketches, or recordings separately, and list them below.

Sequence of events: _____

Conditions at the time: _____

Equipment or substance involved: _____

Photographs, sketches, or recordings: _____

3. Injury or ill health Complete one row per person injured or affected. If no one was injured, state that position in the first row, and move to section 4. Do not record

medical opinion beyond what was observed and what treatment was given.

Person injured or affected	Nature of the injury or ill health	Body part affected	First aid or treatment given	Further medical treatment
[Full name of the person injured or affected]	[Nature of the injury or ill health]	[Body part affected]	[First aid or treatment given]	[Further medical treatment sought, if any]
[Full name of the person injured or affected]	[Nature of the injury or ill health]	[Body part affected]	[First aid or treatment given]	[Further medical treatment sought, if any]
[Full name of the person injured or affected]	[Nature of the injury or ill health]	[Body part affected]	[First aid or treatment given]	[Further medical treatment sought, if any]

4. Property or equipment damage

Item damaged	Nature of the damage	Estimated cost or loss	Item removed from use
[Item damaged]	[Nature of the damage]	[Estimated cost or loss]	[Whether the item was removed from use]
[Item damaged]	[Nature of the damage]	[Estimated cost or loss]	[Whether the item was removed from use]
[Item damaged]	[Nature of the damage]	[Estimated cost or loss]	[Whether the item was removed from use]

5. Immediate actions taken Tick every action that was taken, and record the time and the person responsible where the table asks for it. Add any further immediate action in the last row.

[ ] Area made safe and hazard isolated Time: _____ Person: _____

[ ] First aid given Time: _____ Person: _____

[ ] Emergency services called Time: _____ Person: _____

[ ] Supervisor and relevant manager notified Time: _____ Person: _____

[ ] Other people at risk warned or moved Time: _____ Person: _____

[ ] Other immediate action: _____

6. Witnesses One row per witness. A witness statement should be the witness's own account, in their own words, signed and dated separately where practicable. Summarise it here; do not rewrite it in the reporter's words.

Witness full name	Contact details	Summary of the witness account	Statement attached
[Full name of the witness]	[Contact details of the witness]	[Summary of the witness account]	[Whether a signed witness statement is attached]
[Full name of the	[Contact details of	[Summary of the witness account]	[Whether a

[Company name]

Witness full name	Contact details	Summary of the witness account	Statement attached
witness]	the witness]		signed witness statement is attached]
[Full name of the witness]	[Contact details of the witness]	[Summary of the witness account]	[Whether a signed witness statement is attached]

7. Contributing factors observed Tick each factor observed, based on evidence at the time. These are observations to guide investigation, not findings of cause. A factor should only be ticked where there is evidence for it; where the cause is not yet known, state that in the investigation section.

[ ] Equipment failure, defect, or misuse

[ ] Unsafe condition of the work area, surface, or environment

[ ] Procedure not followed, unclear, or missing

[ ] Training, instruction, or supervision gap

[ ] Personal protective equipment not available, not used, or unsuitable

[ ] Fatigue, workload, time pressure, or distraction

[ ] Other factor, described in the investigation section

8. Investigation, cause, and corrective actions To be completed by the investigator. State the cause or causes found, with the evidence for each, and distinguish a direct cause from an underlying cause where they differ. Every corrective action must have an owner and a due date, and must be verified as complete, not merely assigned.

Investigated by: _____

Date of the investigation: _____

Cause or causes found, with evidence: _____

Cause not yet established, if applicable: _____

External report made, if any: _____

Corrective or preventive action	Owner	Due date	Status	Verified complete on
[Corrective or preventive action required]	[Full name of the action owner]	[Due date for the corrective action]	[Status of the corrective action]	[Date the corrective action was verified complete]
[Corrective or preventive action required]	[Full name of the action owner]	[Due date for the corrective action]	[Status of the corrective action]	[Date the corrective action was verified complete]
[Corrective or preventive action required]	[Full name of the action owner]	[Due date for the corrective action]	[Status of the corrective action]	[Date the corrective action was verified complete]
[Corrective or preventive action required]	[Full name of the action owner]	[Due date for the corrective action]	[Status of the corrective action]	[Date the corrective action was verified complete]
[Corrective or preventive action required]	[Full name of the action owner]	[Due date for the corrective	[Status of the corrective	[Date the corrective action was verified

[Company name]

Corrective or preventive action	Owner	Due date	Status	Verified complete on
		action]	action]	complete]

9. Follow-up and sign-off

Reported by: Signature: _____ **Full name:** [Full name of the person reporting the incident] **Date:** [Date of signing]

Supervisor: Signature: _____ **Full name:** [Full name of the supervisor] **Date:** [Date of signing]

Investigator: Signature: _____ **Full name:** [Full name of the investigator] **Date:** [Date of signing]

Safety or human resources reviewer: Signature: _____ **Full name:** [Full name of the safety or human resources reviewer] **Date:** [Date of signing]

Filing: file the completed form at [Location where this form is filed]**, retain it under the retention schedule for incident records, and cross-reference it to any related investigation file at** [Reference of the related investigation file, if any]**.**