**Workplace incident report**

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| **Report no:**  |
| **Surname:**  | **First name:**  |
| **Address:**  |
| **Mobile phone:**  |
| **Date of injury:**  | **Time of injury:**  |
| **Details of injury:**  | **Bodily location of injury:**  |
| **Description of the circumstances of the accident:** |
| **Signature:**  | **Date:**  |
| **Description of accident by witness:** |
| **Signature of witness:**  | **Date:**  |
| **Print name:**  |
| **When was the injury reported?** | **Date:**  | **Time:**  |
| **Who was the injury reported to?** | **Name:**  | **Position:**  |