**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:** |