**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Job Title/Position |  |
| Department: |  | Supervisor’s Name: |  |
| Phone Number: |  | Email Address: |  |

**Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: | (DD/MM/YYYY) | Time of Incident: | \_\_\_\_ : \_\_\_\_ (AM/PM) |
| Location of Incident: |  | Was the incident reported immediately? | Yes No |
| **If no, please explain:** | | | |

**Injury Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Injury (e.g., cut, bruise, sprain):** | **Part of Body Injured (e.g., left arm, right leg):** | **Was medical treatment required?** Yes No | **If yes, where was treatment received?** |
|  |  |  | On-site  Emergency Room Doctor’s Office Other: |
|  |  |  |
|  |  |  |
|  |  |  |
| **Describe how the injury occurred:** | | | |

**Witness Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Contact Number** | **Email Address** | **Statement Attached (Y/N)** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Contributing Factors**

|  |  |  |
| --- | --- | --- |
| **Equipment Involved (if any):** |  | |
| **Was safety equipment provided?** | Yes | No |
| **Was safety equipment used?** | Yes | No |

**Describe any unsafe conditions or acts that contributed to the incident:**

|  |
| --- |
|  |
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|  |

**Actions Taken**

**Immediate actions taken following the incident:**

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| --- |
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|  |

**Corrective actions taken to prevent recurrence:**

|  |
| --- |
|  |
|  |
|  |

**Employee Acknowledgement**

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), certify that the information provided in this form is accurate and complete to the best of my knowledge. | **Employee Signature:** | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) |

**Supervisor/Manager Review**

|  |  |  |
| --- | --- | --- |
| **Supervisor/Manager Name:** |  | |
| Comment: | **Signature:** | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) |

**HR Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date Received: | (DD/MM/YYYY) |
| Investigation Required: | | Yes | No |
| **Investigation Notes:** | |  | |
| **Corrective Action Required:** | | Yes | No |
| **Corrective Action Taken:** | |  | |
| **HR Representative Signature:** | | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) | |