Generic Incident Report

Record any workplace incident with details of what happened, who was involved and what action was taken. Covers the essentials for most incident types.

Title: _____

Severity: _____   Site: _____

Date / Time: _____   Completed by: _____

Incident Details

1 Location *

_____

Address or coordinates

2 Description of what happened *

_____

_____

_____

Injured Person Details

3 Name of injured person *

_____

4 Role or job title

_____

5 Employment status

○ Employee   ○ Contractor   ○ Visitor   ○ Member of public

6 Contact details

_____

Injury Information

7   Body part affected

Select all that apply

☐ Head   ☐ Face   ☐ Eye   ☐ Neck

☐ Back   ☐ Arm   ☐ Hand   ☐ Leg

☐ Foot   ☐ Torso   ☐ Other

8   If other, please specify

9   Type of injury

Select all that apply

☐ Cut   ☐ Bruise   ☐ Fracture   ☐ Sprain

☐ Burn   ☐ Crush   ☐ Other

10   If other, please specify

11   Description of injury

12   Photos of injury or scene

Attach file here

Immediate Response

13 First aid given

☐ Yes   ☐ No   ☐ N/A

14 First aid details

_____

_____

_____

15 First aider name

_____

16 Medical attention sought

☐ Yes   ☐ No   ☐ N/A

17 Hospital attendance required

☐ Yes   ☐ No   ☐ N/A

18 Emergency services called

☐ Yes   ☐ No   ☐ N/A

Witnesses

19 Were there any witnesses

☐ Yes   ☐ No   ☐ N/A

20 Witness names and contact details

_____

_____

_____

21 Witness statements

_____

_____

_____

Reporting

22 RIDDOR reportable?

☐ Yes ☐ No ☐ N/A

23 Reported to

24 Date reported

Follow-up Actions

25 Follow up actions required?

☐ Yes ☐ No ☐ N/A

26 Immediate actions taken

27 Further actions required

28 Person responsible for actions

29 Target completion date

Sign-off

30   Report completed by *

_____

31   Date of report *

_____

32   Signature *

_____

Signature