

Incident Report Form

Personnel Details (involved in the incident)	
Incident Type:	
Your name:	
Your position at time of incident:	
Workplace supervisor at time of incident:	
Have you told your supervisor about this incident?	"Yes "No
Incident Details	
Date of incident:	Time of incident:
Date incident reported:	Reported to whom:
Where did it happen?	
Name of any witnesses:	
Description of the incident: What happened / breakdown of the event	



Details of Injury		
Type of injury: What type of injury		
Who was injured:		
Location of injury: Body part affected		
Have you seen a doctor about this? "Yes "No		
If yes, whom did you see?	Doctor's phone number:	
Date: Time:		
Treatment Outcome:		
Have you injured this body part before? "Yes "No		
If yes, when?		
Your signature:	Date:	
Edge Recruitment signature:	Date:	

Please complete and forward this form to Edge Recruitment within 24 hours of incident