

# WORKPLACE INCIDENT REPORT

Report No.: — Report Date: State: [STATE] Severity: MINOR

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## 1. Preparer and Organization

|| | |---|---| | **Prepared by** | [PREPARER S FULL NAME], [PREPARER S TITLE ROLE] | | **Phone / Email** | | | **Organization** | [ORGANIZATION COMPANY NAME] | | **Address** | [ORGANIZATION ADDRESS] |

## 2. Date, Time, and Location

|| | |---|---| | **Date of Incident** | | | **Time of Incident** | [TIME OF INCIDENT E G 2] | | **Location** | [LOCATION OF INCIDENT ADDRESS SITE DEPARTMENT] | | **Lighting** | Adequate |

## 3. Injured / Involved Employee

|| | |---|---| | **Name** | | | **Address** | | | **Phone** | | | **Date of Birth** | | | **Relationship** | Employee | | **Date of Hire** | |

## 4. Narrative of the Incident

| *[DETAILED NARRATIVE WHO WHAT WHERE WHEN]*

## 5. Injury or Illness

No injury or illness is reported in connection with this incident.

## 6. Witnesses

No witnesses identified at the time of report.

## 7. Immediate Response, Contributing Factors, and Corrective Actions

**Immediate actions taken:** [IMMEDIATE ACTIONS TAKEN FIRST AID EVACUATION]

## 8. Regulatory and Internal Notifications

- **Workers' compensation claim filed:** No / pending
- **Insurance carrier notified:** No / pending
- **Family / next of kin notified:** N/A

## OSHA Form 301 — Injury and Illness Incident Record (29 CFR 1904.29)

This report is structured to satisfy the employer's obligation to complete OSHA Form 301 (Injury and Illness Incident Record) or an equivalent form within **seven (7) calendar days** after receiving information that a recordable work-related injury or illness has occurred, and to retain the record for **five (5) years** following the end of the calendar year it covers.

### 9. Certification

The undersigned certifies that the information contained in this report is true and accurate to the best of their knowledge and belief, based on information available at the time of preparation, and is made in the regular course of business.

#### Preparer

\_\_\_\_\_ PRINTED NAME

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

*Report retention: this record should be retained in accordance with the organization's document-retention policy and applicable statutory retention periods (e.g., OSHA — 5 years; FMCSA accident register — 3 years; HIPAA records — 6 years; FERPA — per institutional policy).*