Ashford Business Services Ltd

Workplace Incident Record Form

A factual record of a workplace incident, injury, or near miss: what happened, who was involved, what was done immediately, witnesses, contributing factors, and corrective actions.

Complete this form as soon as practicable after the incident, while details are fresh. Record facts only: what was seen, heard, and done, in sequence. Do not record opinions about blame, and do not record conclusions in the description section; conclusions belong in the investigation section, after evidence has been considered. If any part is not known, state that it is not known rather than guessing.

Organisation: _____

Incident reference: _____

Date of the incident: _____

Time of the incident: _____

Exact location: _____

Type of incident: _____

Reported by: _____

Date reported: _____

Supervisor notified: _____

1. People involved

Full name	Role or job title	Department or team	Contact details	Involved as
Sarah Mitchell	Office Manager	Sarah Mitchell	Contact details of the person involved as agreed at the meeting.	Role of the person in the incident
Sarah Mitchell	Office Manager	Sarah Mitchell	Contact details of the person involved as agreed at the meeting.	Role of the person in the incident
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2. Factual description of what happened Describe, in sequence, what the person was doing, what went wrong, and what resulted. Include the conditions at the time, such as lighting, weather, surface, equipment in use, and supervision present, where relevant. Attach or reference any photographs, sketches, or recordings separately, and list them below.

Sequence of events: _____

Conditions at the time: _____

Equipment or substance involved: _____

Photographs, sketches, or recordings: _____

3. Injury or ill health Complete one row per person injured or affected. If no one was injured, state that position in the first row, and move to section 4. Do not record medical opinion beyond what was observed and what treatment was given.

Person injured or affected	Nature of the injury or ill health	Body part affected	First aid or treatment given	Further medical treatment
Sarah Mitchell	Nature of the injury or ill health	Body part affected	First aid or treatment given	Further medical treatment sought, if any
Sarah Mitchell	Nature of the injury or	Body part	First aid or treatment	Further medical

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Person injured or affected	Nature of the injury or ill health	Body part affected	First aid or treatment given	Further medical treatment
	ill health	affected	given	treatment sought, if any
Sarah Mitchell	Nature of the injury or ill health	Body part affected	First aid or treatment given	Further medical treatment sought, if any

4. Property or equipment damage

Item damaged	Nature of the damage	Estimated cost or loss	Item removed from use
Item damaged	Nature of the damage	£45.00	Whether the item was removed from use
Item damaged	Nature of the damage	£120.00	Whether the item was removed from use
Item damaged	Nature of the damage	£850.00	Whether the item was removed from use

5. Immediate actions taken Tick every action that was taken, and record the time and the person responsible where the table asks for it. Add any further immediate action in the last row.

Area made safe and hazard isolated Time: _____ **Person:** _____

First aid given Time: _____ **Person:** _____

Emergency services called Time: _____ **Person:** _____

Supervisor and relevant manager notified Time: _____ **Person:** _____

Other people at risk warned or moved Time: _____ **Person:** _____

Other immediate action: _____

6. Witnesses One row per witness. A witness statement should be the witness's own account, in their own words, signed and dated separately where practicable. Summarise it here; do not rewrite it in the reporter's words.

Witness full name	Contact details	Summary of the witness account	Statement attached
Sarah Mitchell	Contact details of the witness as agreed at the meeting.	Summary of the witness account as agreed at the meeting.	Whether a signed witness statement is attached
Sarah Mitchell	Contact details of the witness as agreed at the meeting.	Summary of the witness account as agreed at the meeting.	Whether a signed witness statement is attached
Sarah Mitchell	Contact details of the witness as agreed at the meeting.	Summary of the witness account as agreed at the meeting.	Whether a signed witness statement is attached

7. Contributing factors observed Tick each factor observed, based on evidence at the time. These are observations to guide investigation, not findings of cause. A factor should only be ticked where there is evidence for it; where the cause is not yet known, state that in the investigation section.

Equipment failure, defect, or misuse

Unsafe condition of the work area, surface, or environment

Procedure not followed, unclear, or missing

Training, instruction, or supervision gap

Personal protective equipment not available, not used, or unsuitable

Fatigue, workload, time pressure, or distraction

Other factor, described in the investigation section

8. Investigation, cause, and corrective actions To be completed by the investigator. State the cause or causes found, with the evidence for each, and distinguish a direct cause from an underlying cause where they differ. Every corrective action must have an owner and a due date, and must be verified as complete, not merely assigned.

Investigated by: _____

Date of the investigation: _____

Cause or causes found, with evidence: _____

Cause not yet established, if applicable: _____

External report made, if any: _____

Corrective or preventive action	Owner	Due date	Status	Verified complete on
Corrective or preventive action required as agreed at the meeting.	Helen Morris	23 November 2026	Status of the corrective action as agreed at the meeting.	9 November 2026
Corrective or preventive action required as agreed at the meeting.	Helen Morris	23 November 2026	Status of the corrective action as agreed at the meeting.	9 November 2026
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9. Follow-up and sign-off

Reported by: Signature: _____ **Full name:** Sarah Mitchell **Date:** 9 November 2026

Supervisor: Signature: _____ **Full name:** James Patel **Date:** 9 November 2026

Investigator: Signature: _____ **Full name:** Sarah Mitchell **Date:** 9 November 2026

Safety or human resources reviewer: Signature: _____ **Full name:** Sarah Mitchell **Date:** 9 November 2026

Filing: file the completed form at Boardroom, 12 Church Street, Birmingham**, retain it under the retention schedule for incident records, and cross-reference it to any related investigation file at** JOB-1042**.**