

# Incident Report

<b>What Happened:</b>	AN INCIDENT REPORT IS A FORM TO DOCUMENT ALL WORKPLACE ILLNESSES, INJURIES, NEAR MISSES AND ACCIDENTS. AN INCIDENT REPORT SHOULD BE COMPLETED AT THE TIME AN INCIDENT OCCURS NO MATTER HOW MINOR AN INJURY IS.
<b>Where it Happened:</b>	AN INCIDENT REPORT IS A FORM TO DOCUMENT ALL WORKPLACE ILLNESSES, INJURIES, NEAR MISSES AND ACCIDENTS. AN INCIDENT REPORT SHOULD BE COMPLETED AT THE TIME AN INCIDENT OCCURS NO MATTER HOW MINOR AN INJURY IS.
<b>When it Happened:</b>	AN INCIDENT REPORT IS A FORM TO DOCUMENT ALL WORKPLACE ILLNESSES, INJURIES, NEAR MISSES AND ACCIDENTS. AN INCIDENT REPORT SHOULD BE COMPLETED AT THE TIME AN INCIDENT OCCURS NO MATTER HOW MINOR AN INJURY IS.
<b>Who was Involved:</b>	AN INCIDENT REPORT IS A FORM TO DOCUMENT ALL WORKPLACE ILLNESSES, INJURIES, NEAR MISSES AND ACCIDENTS. AN INCIDENT REPORT SHOULD BE COMPLETED AT THE TIME AN INCIDENT OCCURS NO MATTER HOW MINOR AN INJURY IS.
<b>Why it Happened:</b>	AN INCIDENT REPORT IS A FORM TO DOCUMENT ALL WORKPLACE ILLNESSES, INJURIES, NEAR MISSES AND ACCIDENTS. AN INCIDENT REPORT SHOULD BE COMPLETED AT THE TIME AN INCIDENT OCCURS NO MATTER HOW MINOR AN INJURY IS.
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<b>Location Involved:</b>	ACCRA

<b>Severity:</b>	MEDIUM
<b>Number of People Involved:</b>	10

<b>Source Credibility:</b>	2
<b>Source Reliability:</b>	C

## Actions Taken:

[Description of any immediate actions taken in response to the incident]

**Recommendations:**

[Recommendations for preventing similar incidents in the future]

**Attachments:**

[Attach any relevant documents, photos, or other evidence]

**Submitted By:**

[Your Name]

**Position/Role:** [Your Position/Role]