

Workplace Incident Report

Workplace:

1. Incident registration and registration agent

Registration date:

Incident report filed:

2. Information regarding the injured employee

Name:

Icelandic identification number:

Job Title:

Location (if applicable):

Phone Number:

Email:

3. General information about the incident

Date of the accident:

Time of the accident:

Detailed description of incident:

Workplace Incident Report

4. Witness information Were there any witnesses to the incident? No Yes

Name:	Email:	Phone Number:
Name:	Email:	Phone Number:

5. Other parties Were there others in the area? No Yes

Name:	Email:	Phone Number:
Name:	Email:	Phone Number:

6. Footage

Are there any photographs of the conditions and equipment?	No	Yes
Is there any video footage of the incident?	No	Yes

Ensure that any available footage of the incident, equipment, and surrounding area is preserved and attached to this report.

7. Other information

Was the accident reported to the police?	No	Yes	If yes, when (date):
Has the accident been reported to Vinnueftirlit?	No	Yes	If yes, when (date):
Did emergency responders arrive at the scene?	No	Yes	If yes, when (date):
Information regarding emergency responders:			

8. Other

Other important information related to the incident:

9. Signature of the injured employee (victim)

I, the undersigned, confirm by my signature below the above description of an incident that occurred on _____ (date):

Signature of the injured party: _____

