INCIDENT REPORT

REPORTED BY

Name _____ Job title _____

Phone _____ Date of report _____

THE INCIDENT

Date _____ Time _____ Where _____

☐ Injury ☐ Illness ☐ Near miss ☐ Property damage ☐ Vehicle ☐ Theft or security

Other: _____

PERSON HURT OR INVOLVED

Name _____ Role _____

Injury or damage _____

☐ No treatment ☐ First aid on site ☐ Doctor or clinic ☐ Hospital or ER

WHAT HAPPENED

_____

_____

_____

_____

WITNESSES AND ACTION TAKEN

Witnesses (names and phone numbers) _____

Action taken right away _____

How to stop it happening again

_____

_____

I confirm that this report is true and complete to the best of my knowledge.

_____ Signature of person reporting

_____ Date

_____ Supervisor’s signature

_____ Date

FOR THE SUPERVISOR OR SAFETY OFFICER

☐ Needs more investigation ☐ Insurer notified ☐ Added to injury log ☐ Closed

Report no. _____ Reviewed by _____