

Incident Report Form

Date of Incident: _____

Time of Incident: _____

Location: _____

Reported By: _____

Contact Information: _____

Description of Incident: _____

Type of Incident:

Accident Injury Near Miss Property Damage Other: _____

Was Medical Attention Required: Yes No If yes, explain: _____

Were there any hazards or safety violations involved? Yes No If yes, explain:

Witnesses:

• Name: _____ Contact Information: _____

• Name: _____ Contact Information: _____

Was the Incident Reported to a Supervisor/Manager? Yes No If yes, explain:

Actions Taken: _____

What could have prevented the incident? _____

Additional Comments: _____

Signature: _____

Date: _____