

Incident Report Form

*Use this form to report any workplace accident, injury, incident, close call or illness.
Return completed form to the Operations Supervisor, or Management within 24 Hrs.*

This is documenting a/an:

- Injury
 Damage
 Illness
 Theft
 Close Call
 First Aid
 Downtime
 Violence

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT (to be filled in by person injured / involved if possible)

Name: _____ Gender: _____ Age: _____

Home Address: _____

Phone Numbers: Home: _____ Work: _____

Designation: Employee
 Supplier
 Contractor
 Visitor

INFORMATION ABOUT THE INCIDENT

Date of Event: _____ Time of Event: _____ Location of Event: _____

Witnesses: _____

Police Notified? Yes No

Description of Incident (what happened, how it happened, factors leading to the event, etc.):

*If more space is required, please use the back of this sheet

Was the incident caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)?

Please explain:

Was medical treatment provided? Yes No

| Date | Action Taken | By Whom |
|------|--------------|---------|
| | | |
| | | |
| | | |

Report Submitted by: _____ Signature: _____ Date: _____

Report Received by: _____ Signature: _____ Date: _____

