INCIDENT REPORT

YOUR LOGO

INCIDENT DETAILS

Full Name: _____ Date of Incident: _____

Location: _____ Time of Incident: _____

Type of Incident: ☐ *Accident* ☐ *Near Miss* ☐ *Safety Hazard* ☐ *Other:* _____

WITNESSES

_____ _____

_____ _____

_____ _____

DESCRIPTION OF INCIDENT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

IMMEDIATE ACTIONS TAKEN

- _____
- _____
- _____

IMMEDIATE ACTIONS TAKEN

Injuries Sustained: _____

Medical Attention Required: ☐ Yes ☐ No

Property / Equipment Damage:

_____

REPORT PREPARED BY

Name: _____

Position: _____

Signature / Date: _____

SUPERVISOR REVIEW

Name: _____

Comments / Actions: _____

Signature / Date: _____

- EASILY EDITABLE TEMPLATE
- READY TO PRINT

US LETTER 21,6cm X 27,9cm

GOOGLE DOCS

MICROSOFT WORD

A4 21,0cm X 29,7cm

A4



US LETTER

