office printable .com

INCIDENT REPORT

PERSON INVOLVED	JOB TITLE / DEPARTMENT	EMPLOYEE / VISITOR / CONTRACTOR	REPORT NO.

Date _____ Time _____ Reported to _____

Location _____ Reported at _____ Supervisor _____

TYPE OF INCIDENT

- ❑ Injury
- ❑ Near miss
- ❑ Vehicle
- ❑ Security / violence
- ❑ Illness
- ❑ Property damage
- ❑ Fire / spill
- ❑ Other

DESCRIPTION: WHAT WAS THE PERSON DOING, WHAT HAPPENED, IN ORDER (FACTS ONLY)

EQUIPMENT, MATERIALS OR VEHICLES INVOLVED

Witnesses

Name	Phone / department	Statement attached
		❑
		❑
		❑

IMMEDIATE CAUSE (WHAT DIRECTLY LED TO IT)

office printable .com

INCIDENT REPORT: FOLLOW-UP

Injury / illness (nature) _____ Part of body _____

First aid given by _____ Medical treatment (where, who) _____

Time off work (days) _____ Restricted duty (days) _____

REPORTING CHECKS

- ☐ OSHA recordable (beyond first aid, days off, restricted work)
- ☐ Entered on OSHA 300 log
- ☐ Severe: report to OSHA (fatality 8 h; hospital, amputation, eye 24 h)
- ☐ Workers' comp claim / insurer notified
- ☐ Police report (vehicle, theft, violence)
- ☐ Property owner / landlord told

ACTIONS ALREADY TAKEN (AREA MADE SAFE, EQUIPMENT TAGGED OUT)

_____

_____

_____

Corrective actions to prevent it happening again

Action	Owner	Due	Done
			☐
			☐
			☐
			☐

Person involved _____ Supervisor _____ Date _____

Safety / HR reviewed _____ Date closed _____