

INCIDENT REPORT FORM

To Be Completed ASAP – Within at least 12 hours of Incident/Accident

When in Doubt, Fill it Out for: Safety Violation, Accident/Injury, Property Damage, Poor Behavior, etc.

Reported by:	Type of Incident:
Date of Incident:	Time of Incident:
Location of Incident:	Department:

Details of Incident: *(If more space needed, continue on back of form)*

Was someone injured? Yes No | Type of Injury:

Name of Parties Involved	Role	Contact Info

Witnessed By (Name)	Department	Phone Number

Important Notes, Instructions and/or Follow Up Action:

Prepared/Reported by: _____ Date: _____

Supervisor: _____ Date: _____

