Incident Report

The following form should be completed for all injuries and accidents, near misses, property and equipment damage, health and safety issues, and workplace misconduct.

Reported by: _____

Title/Role: _____

Signature: _____

Date of Report: _____

Supervisor: _____

Name of person(s) involved: _____

Date & Time of Incident: _____

Location: _____

Incident Type:

- ☐ Behavior/Misconduct
- ☐ Equipment Malfunction
- ☐ Environmental Hazard
- ☐ Property Damage
- ☐ Physical Injury
- ☐ Other

Describe the details of the event and the impact to the affected person:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe the action steps taken, including any treatment provided:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Parent/Guardian Contacted: (if under 18 years of age)