

INCIDENT REPORT

1. INCIDENT IDENTIFICATION

Report Number: _____

Date of Incident: _____ Time: _____ AM / PM

Date Reported: _____ Time: _____ AM / PM

Location: _____

Type of Incident:

Injury Near-Miss Property Damage Security Vehicle Other: _____

2. PERSONS INVOLVED

Injured / Affected Party:

Name: _____

Title / Position: _____

Employee ID: _____ Department: _____

Date of Birth: _____ Phone: _____

Years of Service: _____ Hire Date: _____

Reporter:

Name: _____

Title: _____

Phone: _____ Email: _____

3. WITNESSES

Witness 1: _____ Phone: _____

Witness 2: _____ Phone: _____

Witness 3: _____ Phone: _____

4. DESCRIPTION OF INCIDENT

Provide a chronological, objective account of what happened. Stick to observed facts. Distinguish what you observed directly from what was reported by others.

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5. INJURY DETAILS (IF APPLICABLE)

Body part(s) affected: _____

Nature of injury: _____

Severity: ___ First Aid Only ___ Medical Treatment ___ Lost Time ___ Restricted Duty ___ Fatality

Medical treatment provided by:

Treating facility: _____

Hospitalization? ___ Yes ___ No If yes, admit date: _____

6. PROPERTY DAMAGE (IF APPLICABLE)

Property damaged: _____

Estimated cost of damage: \$ _____

Owner of property: _____

7. EQUIPMENT, MATERIALS, OR ENVIRONMENTAL FACTORS

Equipment involved: _____

Materials involved: _____

Environmental conditions (lighting, weather, surface, etc.):

Was PPE in use? ___ Yes ___ No If yes, specify: _____

Was the equipment in proper working order? ___ Yes ___ No ___ Unknown

8. PHOTOGRAPHS AND EVIDENCE

Photos taken? ___ Yes ___ No Number of photos: _____

Other evidence collected:

9. IMMEDIATE CORRECTIVE ACTIONS

What was done immediately to address the incident:

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10. RECOMMENDATIONS FOR PREVENTION

11. OSHA-RECORDABLE?

Yes No Pending Determination

If yes, OSHA 301 Form completed? Yes No Date filed: _____

Workers' Compensation claim filed? Yes No Date filed: _____

SIGNATURES

Reporter Signature: _____ Date: _____

Reporter Printed Name: _____

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____

Affected Party Signature: _____ Date: _____

(If unable or unwilling to sign, note reason: _____)

DISCLAIMER: This template is provided for informational purposes only and does not constitute legal advice. OSHA requires specific reporting for certain workplace incidents. For any serious incident, contact your insurance carrier, legal counsel, and required regulatory agencies immediately.