

Incident Report Form

INCIDENT DETAILS:

Date and time of the incident : _____

Location of the incident : _____

Describe the incident : _____

Details of the witnesses, if any : _____

PERSON(S) INVOLVED

Name(s) : _____

Job title(s) : _____

Nature and extend of injuries : _____

INCIDENT DESCRIPTION

Provide a detailed description of
how the incident occurred

:

IMMEDIATE ACTIONS TAKEN

Describe the immediate actions
taken to address the incident and
provide assistance

:

ADDITIONAL COMMENTS

Is there any additional information
or comments you would like to
include?

:

SIGNATURE

Employee

:

Supervisor

:

Administrator

:
