



# INCIDENT REPORT

Incident Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

**Incident Type:** Injury [  ] Property Damage [  ] Near Miss [  ] Unsafe Condition [  ]

**Employee Statement Concerning Incident:**

\_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Witness Statement:**

\_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Equipment involved (if applicable):**

Name of equipment: \_\_\_\_\_

Location: \_\_\_\_\_

Age of equipment: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Was there equipment failure? Yes [  ] No [  ] If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
Please attach equipment history, including maintenance schedules and engineering changes.

**Other Factors Involved in the Incident:** (Walking Surfaces, Work Practices, Work Area Design, Weather, Previous Incidents, etc.)

**Corrective Actions:** (Use separate paper for additional information)

Item #	Description	Person Accountable	Target Date	Completed Date

**Examples of Corrective Actions:** (Improve lighting, Improve inspection procedure, Use less-hazardous materials, Repair or replace equipment or tools, Improve housekeeping, Improve ventilation, Install safety/guard device, Correct building hazards, Redesign work environment, Reduce noise/vibration, etc.)

Report Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_