

# INCIDENT REPORT

Date \_\_\_\_\_

Time \_\_\_\_\_

Reported By \_\_\_\_\_

Job Title \_\_\_\_\_

Name, address, and phone number of person(s) injured or owners of damaged property

\_\_\_\_\_

Identify the specific location of the incident:

\_\_\_\_\_

Describe how the incident occurred and what caused it:

\_\_\_\_\_

Describe the injury or property damage:

\_\_\_\_\_

Medical treatment required? Y N

Name, phone number, and address of witness(s)

\_\_\_\_\_

Who responded and inspected the scene of the incident?

\_\_\_\_\_

Hazard or defect found? (Describe)

\_\_\_\_\_

Photos Taken? Y N

By Whom: \_\_\_\_\_

Corrective Action Required/Taken? Y N (Describe)

\_\_\_\_\_

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

Date \_\_\_\_\_