

Incident Report Form

Involved Employee Name

Current Date and Time

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Date and Time of Incident

Personal Phone Number

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Witness Names

Cause of Incident (actions or conditions)

Was safety protocol violated? Explain.

Incident Site Inspection (reason for an unsafe act being committed or an unsafe condition being present)

Recommendations and Steps (to prevent similar incidents in the future)

Potentially, is an outside liable party responsible for the cause of the unsafe act or condition?

Description of Incident—attach extra pages, if necessary

Supervisor Signature

Date

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