

Incident report form

Date of incident: ____/____/____

Time: ____am/pm

Form Completed By (Full Name): _____

Job Title: _____

Incident Location: _____

1. What was the Incident/near miss? (Also include details of people involved)

2. Where there any injuries? (Note: Any injuries require an Accident Report Form)

3. Was there any damage to property or plant?

Incident report form

4. What caused the incident?

5. What actions will be taken to eliminate future repeats of the incident?

6. Management comments

Sign here (person completing the form): _____

Date of completion: _____

Signed off by management when corrective actions have been adopted and monitored.

Management signature: _____

Date of sign off _____