

Incident Report

Date of incident	_____	Time	_____
Location	_____	Reported by	_____
Date reported	_____	Report no.	_____

Type of incident

- ☐ Injury
- ☐ Ill health
- ☐ Near miss
- ☐ Property damage
- ☐ Environmental
- ☐ Security
- ☐ Other: _____

People involved

Name	Role	Employee / contractor / visitor	Contact

What happened (facts, in order)

Injuries and treatment

