

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

Immediate actions taken

Witnesses

Signature

**Supervisor
notified
(name/time)**
