

## Incident Report Form

### 1. Reporter Information

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NAME

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DATE OF REPORT

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JOB TITLE

Role:

- ☐ Injured
- ☐ Witness
- ☐ Supervisor
- ☐ Other: \_\_\_\_\_

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PHONE/EMAIL

### 2. Incident Details

Type:

- ☐ Injury/Illness
- ☐ Near-Miss
- ☐ Hazard
- ☐ Other: \_\_\_\_\_

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DATE/TIME

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LOCATION (E.G., JOB SITE ADDRESS, AREA)

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DESCRIPTION (WHAT HAPPENED? INCLUDE EQUIPMENT, WEATHER, TERRAIN, CHEMICALS.)

Hazards Involved (check all that apply):

- ☐ Machinery (e.g., mower)
- ☐ Chemical Exposure
- ☐ Fall/Slip
- ☐ Heat/Cold Stress
- ☐ Vehicle
- ☐ Electrical
- ☐ Other: \_\_\_\_\_

### 3. Affected Person (If Applicable)

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NAME

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JOB TITLE

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INJURY/ILLNESS (DESCRIBE BODY PART, SEVERITY)

Medical Treatment:

- ☐ None
- ☐ First Aid
- ☐ Doctor/Hospital
- ☐ Other: \_\_\_\_\_

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DETAILS

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DAYS OFF/RESTRICTED

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WITNESSES (NAMES, CONTACT)

### 4. Cause and Prevention

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CAUSE (E.G., EQUIPMENT FAILURE, NO TRAINING)

PPE Used?

- ☐ Yes (Type: \_\_\_\_\_)
- ☐ No (Why: \_\_\_\_\_)

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CONDITIONS (E.G., WEATHER, GROUND)

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PREVENTIVE MEASURES

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ACTIONS TAKEN

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RESPONSIBLE PERSON

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TARGET DATE

### 5. Supervisor Review

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NAME

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COMMENTS

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DATE

OSHA-Recordable?

- ☐ Yes
- ☐ No



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SIGNATURE