Jomo247

Incident Report Form

Instruction: Fill out this form to report a workplace incident that resulted in injury, illness or a near miss.

Reported By: _____ Date of Report: __/__/__

Incident Number:_____

This Form Documents (Select All That Apply):

Injury ☐ First Aid ☐ Incident ☐ Near Miss ☐ Observation ☐

Incident Details

Person Involved: _____ Location: _____

Equipment Involved: _____ Date: __/__/__

Time: __:__ Witnesses:_____

Incident Details:

_____

_____

_____

Incident Causes:

_____

_____

_____

Follow Up Recommendations:

_____

_____

_____

Was Medical Treatment Necessary?: **YES/NO**

If **YES**, Name of Hospital/Doctor: _____

Employee Signature: _____ Date : __/__/__

Supervisor Signature: _____ Date : __/__/__