**INCIDENT REPORT FORM**

**Report incidents. Prevent accidents**

*Confidential Document*

**SECTION 1: GENERAL INFORMATION**

1. **Report Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Incident Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Incident Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Location of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: REPORTING PARTY DETAILS**

1. **Name of Reporter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Position/Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: DETAILS OF THE INCIDENT**

1. **Type of Incident (check all that apply):**
   * ☐ Injury
   * ☐ Property Damage
   * ☐ Safety Violation
   * ☐ Security Breach
   * ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Description of Incident (Provide a detailed account, including what happened, how it occurred, and any contributing factors):**

**SECTION 4: PEOPLE INVOLVED**

1. **Name(s) of Individuals Involved:**
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Were there any witnesses?**
   * ☐ Yes (list below)
   * ☐ No
3. **Witness Details:**
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: INJURIES AND DAMAGE**

1. **Were there any injuries?**
   * ☐ Yes
   * ☐ No
2. **Describe Injuries (if applicable):**
3. **Was there property damage?**
   * ☐ Yes
   * ☐ No
4. **Describe Property Damage (if applicable):**

**SECTION 6: RESPONSE AND FOLLOW-UP**

1. **Was medical assistance provided?**
   * ☐ Yes
   * ☐ No
   * ☐ Not Applicable
2. **Was the incident reported to authorities?**
   * ☐ Yes
   * ☐ No
3. **Immediate Actions Taken:**

**SECTION 7: SIGNATURES**

1. **Prepared By (Name and Signature):**  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   *(Name)* *(Signature)*
2. **Reviewed By (Name and Signature):**  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   *(Name)* *(Signature)*

**For Internal Use Only**

* Incident Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reviewed On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_