



Incident Reporting Form

Use this form to report any workplace accident, injury, incident, close call or illness.

This is documenting an:

Injury

First Aid

Incident

Close Call

Observation

Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report:

Date:

Person(s) Involved:

Event Details

Date of Event:

Location of Event:

Time of Event:

Witnesses: _____

Description of Events (Describe tasks being performed and sequence of events):

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

