



SAFETY INCIDENT REPORT FORM

Use this form to report any potential safety concerns, near miss or close call incidents, medical situations, criminal activities, hazardous situations, or behavior incidents. Report any incidents or concerns, no matter how minor. If there is even a slight risk of injury or damage to company property, all employees are encouraged to make use of this resource. An Incident Report shall be completed within 24 hours of the said incident and immediately submitted to your supervisor/manager.

EMPLOYEE DETAILS:

NAME: _____ DATE OF REPORT: _____

DEPARTMENT: _____ JOB TITLE: _____

PHONE NUMBER: _____ EMAIL: _____

DESCRIPTION OF INCIDENT:

LOCATION: _____ WITNESS NAME: _____

DATE OF INCIDENT: _____ WITNESS EMAIL: _____

TIME: _____ A.M. _____ P.M.

INCIDENT DETAILS:

(How the incident happened, factors leading to the event, and what took place. Be as specific as possible).

INCIDENT CAUSES:

FOLLOW UP RECOMMENDATIONS/STEPS TO PREVENT A SIMILAR INCIDENT:

Incident reports are necessary for documenting details of the occurrence while they are most present in the minds of the witnesses and incident reporter. The information that is included in the report can be useful for decision-making on future incidents, identifying behavioral patterns and identifying larger issues. To maintain a safe and healthy work environment, a thorough investigation should be undertaken following an incident in order to initiate corrective actions.

REPORTED BY:

NAME: _____

POSITION: _____

DEPARTMENT: _____

