

Incident Report Form Template

Reporter Information:

- Name of Reporter: _____
- Position: _____
- Department: _____
- Date & Time of Report: _____

Incident Details:

- Date & Time of Incident: _____
- Location of Incident: _____
- Type of Incident: (Slip/Trip/Fall Equipment Related Violence Theft Other: _____)
- Description of Incident:

Affected Individual(s):

- Name: _____
- Position: _____
- Injuries Sustained:

Witness(es):

- Name: _____

- Contact Information: _____

Immediate Actions Taken:

- Action: _____
- By Whom: _____
- Date: _____

Incident Analysis (Use additional paper if necessary):

Corrective Measures Recommended/Implemented:

Signature of Reporter: _____

Date: _____

Office Use Only

- Received By: _____
- Position: _____
- Date Received: _____
- Follow-Up Date: _____

Incident Severity Rating: Low Medium High

Review and Actions Taken:

Signature: _____ **Date:** _____