**Incident Hazard Report Form**

**Reporter Information:**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Details:**

| **Date of Incident** | **Time of Incident** | **Location of Incident** | **Type of Hazard** |
| --- | --- | --- | --- |
|  |  |  |  |

**Injury or Damage Description:**☐ Minor ☐ Moderate ☐ Severe ☐ None

**Witness Information:**

| **Name** | **Contact Info** | **Relationship to Incident** |
| --- | --- | --- |
|  |  |  |

**Immediate Actions Taken:**☐ Medical Assistance ☐ Area Secured ☐ Reported to Authority ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Reporter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_