

# 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: \_\_\_\_\_