Incident report

Date/time of event	

Company		Department		Site name	

Type of event	☐ Injury	☐ Ill health	☐ Near miss

Harm (or potential for harm)	☐ Fatal or major	☐ Serious	☐ Minor	☐ Damage to property only

Employee involved in the event	Name		Address
	Position		
	Contact number		

Brief description of event (Details of what happened, when, where, and emergency action taken)	

Details of witness(es), if any (Name, position, contact number, etc.)	

Investigation required	☐ Yes				Reportable Date/time reported	☐ Yes
Investigation level	☐ High	☐ Medium	☐ Low	☐ Minimal		
Priority					Entry in accident book Date/time entered	☐ Yes
Leader of investigation						

Reported by		Position		Date		Signature	