Jomo247

Incident Report Form

Click Here for more workflow & form templates

Instruction: Fill out this form to report a workplace incident that resulted in injury, illness or a near miss.

Reported By: _________________ Date of Report: __/__/__

Incident Number:____________

This Form Documents (Select All That Apply):

Injury ☐ First Aid ☐ Incident ☐ Near Miss ☐ Observation ☐

Incident Details

Person Involved: _________________ Location: _________________

Equipment Involved: _________________ Date: __/__/__

Time: __:__ Witnesses:____

Incident Details:

____

____

____

Incident Causes:

____

____

____

Follow Up Recommendations:

____

____

____

Was Medical Treatment Necessary?: **YES/NO**

If **YES**, Name of Hospital/Doctor: _________________________________

Employee Signature: ___________________ Date : __/__/__

Supervisor Signature: ___________________ Date : __/__/__