

Incident and Accident Reporting



Sample Incident Report

Date of Incident: _____ Date Reported: _____

Time of Incident: _____ Time Reported: _____

Specific Location: _____

Reporter Name: _____

Phone Number(s): _____

Position: _____ Department: _____

Witness Name: _____

Witness Phone Number(s): _____

Incident Description (Reporter): _____

Incident Description (Witness, if available): _____

Preventable (circle one): Yes No

Suggested Corrective Action: _____

Signature of Reporter: _____

Signature of Witness: _____