Incident Report

Report Prepared By: _____ Date:_____

Type of Incident

☐ **Injury** ☐ **Illness** ☐ **Property Damage** ☐ **Vehicle Accident** ☐ **Near-Miss**

Date of Incident: _____ Location: _____

Person(s) Involved: _____

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_____

Summary of Incident: (Please be Specific – Attach Additional Summary Sheet(s)/Evidence As Needed)
e.g. What happened, when did it happen, where did it happen, how did it happen, why did it happen, who was involved, what tasks/equipment were being used

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