

Incident Report Form

Complete as soon as possible, once the area is safe and anyone hurt has been cared for. Record the facts. The investigation comes after.

Company name or logo

Site or project	Exact location of the incident	Date of incident	Time
Reported by (name)	Job title or role	Phone	Date and time reported
Supervisor in charge	Company or crew	Reported to (name)	

1. Type of incident. Tick all that apply.

- | | | | |
|---|--|--|--|
| ☐ Injury or illness | ☐ First aid only | ☐ Medical treatment | ☐ Lost time from work |
| ☐ Property or equipment damage | ☐ Vehicle or mobile equipment | ☐ Spill or release | ☐ Fire or explosion |
| ☐ Violence or security | ☐ Dangerous occurrence | ☐ Near miss (no harm) | ☐ Other: _____ |

2. People involved

Name	Company	Job title	Role in the incident (injured, involved, witness)	Phone

3. Injury or illness. Complete if anyone was hurt or became ill.

Part of body affected (circle: left / right / both)

Nature of the injury or illness

- | | | | | |
|---|---------------------------------------|--|--|--|
| ☐ Head | ☐ Eye(s) | ☐ Face | ☐ Cut or laceration | ☐ Bruise or contusion |
| ☐ Neck | ☐ Back | ☐ Shoulder | ☐ Sprain or strain | ☐ Fracture |
| ☐ Arm or elbow | ☐ Wrist | ☐ Hand or fingers | ☐ Burn (heat or chemical) | ☐ Crush or pinch |
| ☐ Chest or abdomen | ☐ Hip or groin | ☐ Leg or knee | ☐ Puncture | ☐ Object in eye |
| ☐ Ankle | ☐ Foot or toes | ☐ Multiple parts | ☐ Exposure or inhalation | ☐ Hearing |
| ☐ Other: _____ | | | ☐ Illness | ☐ Other: _____ |

First aid given (what and by whom)

Sent for medical treatment? Where?

Returned to work? (yes, no, modified)

4. What happened. Describe the events in order: the task, who was doing it, what equipment was used, and what went wrong. Facts only.

Task being done at the time

Equipment, tools or materials involved

Conditions at the time (weather, lighting, ground, noise, time pressure)

Description of what happened

5. Damage, spills and releases. Complete if property, equipment or the environment was affected.

Item damaged and unit or asset number	Description of the damage	Estimated cost
Product spilled or released	Approximate quantity	Contained and cleaned up? How?

6. Immediate actions taken. Tick all that apply and describe.

- | | | | |
|---|--|--|--|
| ☐ Area made safe | ☐ First aid given | ☐ Emergency services called | ☐ Scene left undisturbed |
| ☐ Photos taken | ☐ Equipment tagged out of service | ☐ Spill contained | ☐ Other work stopped nearby |

Describe what was done to make the area safe and to stop it happening again right away

7. Notifications. Record who was told, when and by whom.

Notified	Name	Date and time	Notified by
Supervisor			
Manager			
Safety contact			
Emergency services			
Client or prime contractor			
Regulator or authority (if required)			
Family or emergency contact			

8. Witnesses

Name	Company	Phone	Statement attached?

9. Your view. What do you think contributed, and what would stop it happening again? (Optional)

Contributing factors and suggestions

10. Attachments and follow-up

- | | | | |
|---|---|--|---|
| ☐ Photos | ☐ Sketch or diagram | ☐ Witness statements | ☐ First aid record |
| ☐ Medical or return-to-work note | ☐ Investigation required | ☐ Corrective actions logged | ☐ Other: _____ |

Investigation lead (if required)	Investigation due date	Corrective action numbers	
Reported by: signature	Date	Supervisor: name and signature	Date
Reviewed by (manager or safety): name and signature	Date		