

Workplace Hazard Incident Report

Incident Details

Date of Incident

YYYY-MM-DD

Time of Incident

HH:MM

Exact Location

e.g. Warehouse, Bay 2

People Involved

Reported By

Name and Job Title

Person(s) Involved or Affected

Names and Job Titles (if any)

Description of Incident / Hazard

Describe what happened (facts only):

Type of Hazard

e.g. Chemical, Slippery Surface, Equipment

Immediate Actions Taken

Describe any immediate action(s) taken:

Further Recommendations

Suggestions to prevent recurrence:

Reporter Signature

Date

YYYY-MM-DD

