

Workplace Hazard Incident Documentation Template

Incident Details

Date of Incident**Time of Incident****Location**

Enter the location of the incident

Reported By

Name of reporting person

Incident Description

Describe what happened

Provide a detailed description of the incident

People Involved

Names & Roles

List individuals involved and their roles

Injuries (if any)

Describe any injuries sustained

Hazard Information

Type of Hazard

e.g. chemical, physical, biological

Immediate Action Taken

Describe immediate actions taken

Follow Up

Corrective/Preventive Actions Taken or Recommended

Describe further action(s)

Supervisor/Manager Comments

Add additional comments here

Signature

Enter your signature

Date