

Workplace Hazard Incident Report Form

Date of Incident

Time of Incident

Location of Incident

e.g. Building, Floor, Room

Name of Person Reporting

Department

Contact Information

Phone/Email

Description of Incident

Describe what happened...

Was anyone injured?

☐

Yes

☐

No

Names of Injured Persons (if any)

Actions Taken

Describe immediate actions taken after the incident...

Signature

Full name

Date

