

# Workplace Hazard Incident Report Form

Date of Incident

Time of Incident

Location of Incident

e.g. Building, Floor, Room

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Name of Person Reporting

Department

Contact Information

Phone/Email

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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...

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Signature

Full name

Date

