Basic Incident Reporting Sheet

Date of Incident

Time of Incident

Location of Incident

Enter location

Reported By

Your name

Department

Your department

Type of Incident

Select type ▼

Description of Incident

Describe what happened

Injuries Sustained (if any)

Describe any injuries

Witnesses (if any)

List names of witnesses

Immediate Actions Taken

Actions taken after incident

Employee Signature

Sign or type your name

Date Reported