

Occupational Hazard Incident Record Sheet

1. Incident Details

Date of Incident

Time of Incident

Location

Specific Area / Department

Reported By

2. Person(s) Involved

Name

Job Title

Contact

3. Incident Description

Description of Incident

Type of Hazard

4. Immediate Action Taken

Detail Actions Taken

5. Injury / Damage Information

Injury (Yes/No)

If Yes, Specify Nature

Damage to Property (Yes/No)

Details of Injury/Damage

Detail the injury or damage

6. Follow-up Action / Preventive Measures

Steps to Prevent Reoccurrence

Specify follow-up or preventive measures proposed

7. Supervisor / Manager Comments

Comments

Supervisor or manager additional comments

Supervisor/Manager Name

Signature

Signature

Date