

Occupational Hazard Incident Record Sheet

1. Incident Details

Date of Incident

Time of Incident

Location

Enter location

Specific Area / Department

Enter specific area or department

Reported By

Name of person reporting

2. Person(s) Involved

Name

Job Title

Contact

3. Incident Description

Description of Incident

Provide detailed description of the incident

Type of Hazard

e.g. Chemical, Electrical, Physical

4. Immediate Action Taken

Detail Actions Taken

Describe the immediate actions taken

5. Injury / Damage Information

Injury (Yes/No)

Yes or No

If Yes, Specify Nature

Damage to Property (Yes/No)

Yes or 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