

# Blank Hazard Incident Report Form

Date of Report

Reported By (Name)

Department/Location

---

Date of Hazard/Incident

Time of Hazard/Incident

Exact Location of Incident

Type of Hazard

Select

Describe the Hazard/Incident

---

Immediate Actions Taken

Witnesses (If Any)

Further Action Required / Recommendations

---

Supervisor/Manager Name

Supervisor/Manager Signature

Date