Workplace Incident Report

Complete this report as soon as possible, ideally before the end of the shift on which the incident happened. Get medical care for anyone injured first. Describe what you saw or were told, and label secondhand information. Do not assign blame on this form; root cause is completed by the supervisor or safety lead after review.

SECTION A: REPORT DETAILS

Report number

Person completing this report

Job title

Phone / email

Date report completed

Type of incident

☐ Injury or illness ☐ Near miss (no injury) ☐ Property or equipment damage
☐ Vehicle incident ☐ Security / theft ☐ Workplace violence or threat
☐ Harassment or misconduct ☐ Customer or visitor incident ☐ Environmental / spill ☐ Other

SECTION B: WHEN AND WHERE

Date of incident

Time of incident

Site / address

Exact location (building, area, aisle, workstation)

Shift

Date and time incident was reported to supervisor

Supervisor on duty

SECTION C: PEOPLE INVOLVED

Name of person(s) involved

Relationship to company

☐ Employee ☐ Temporary / agency worker ☐ Contractor ☐ Customer ☐ Visitor ☐ Other

Job title and department (if employee)

Contact details

Agency or contractor company name (if applicable)

SECTION D: DESCRIPTION

What was the person doing just before the incident?

What happened, step by step? (facts only)

Equipment, tools, vehicles or materials involved

Conditions at the time (lighting, floor, weather, staffing, noise)

Were photos taken or video preserved?

☐ Yes: attached / location noted ☐ No ☐ Requested from security

SECTION E: INJURY OR ILLNESS (COMPLETE IF ANYONE WAS HURT)

Nature of injury (cut, strain, burn, fracture, etc.)

Part of body affected

First aid given and by whom

Medical treatment

☐ None ☐ First aid only ☐ Clinic / urgent care ☐ Emergency room
☐ Hospitalized overnight as inpatient

Name of facility or provider

Did the person return to work the same shift?

☐ Yes ☐ No ☐ On restricted duty

Amputation, loss of an eye, inpatient hospitalization or fatality

☐ No ☐ Yes: notify safety lead immediately for OSHA reporting

SECTION F: WITNESSES

Witness 1 name and contact

Witness 2 name and contact

Witness statements collected

☐ Yes: attached ☐ Pending ☐ No witnesses

SECTION G: IMMEDIATE ACTIONS

Actions taken right away (area secured, equipment tagged out, spill cleaned, police called)

Notifications made

☐ Supervisor ☐ HR ☐ Safety / EHS ☐ Security ☐ Police ☐ Staffing agency
☐ Insurance / workers' comp carrier

SECTION H: REVIEW AND CORRECTIVE ACTION (SUPERVISOR OR SAFETY LEAD)

Root cause(s)

☐ Unsafe condition ☐ Unsafe act ☐ Equipment failure ☐ Training gap
☐ Procedure missing or unclear ☐ Staffing / workload ☐ Behavior / policy violation
☐ Under investigation

Explanation of root cause

Corrective actions, owner and due date

OSHA recordable

☐ Yes: entered on 300 log ☐ No ☐ To be determined

Workers' compensation claim filed

☐ Yes ☐ No ☐ Not applicable

Referred for investigation or disciplinary review

☐ No ☐ Yes

Reviewer name and title

Date closed

SIGNATURES

Person completing report — Date

Supervisor — Date

Safety / HR reviewer — Date