

Incident Report

Document workplace incidents and injuries using the front and back of this report.

Name (Affected Individual)	Date
Time	Site / Location of Event (Address)
Name of Other Persons Involved	Name and Phone Number (Person Filling Out Report)

Incident Type:

- ☐ Injury - First Aid
- ☐ Injury - Medical/Emergency Treatment
- ☐ Property Damage
- ☐ Equipment Failure
- ☐ Theft

Specific Location of Event (e.g. On third floor of Building A, near elevator shaft)	Emergency Services or Police called? Y/N Reason why/why not:
Incident Description (Include all events that led up to the incident and resolution efforts following the incident)	Root Cause (Check all that apply)

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Karin Nielsen-Saines



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