Incident report form

Date of incident _____ **Time** _____

Location _____ **Reported by** _____

Job or project _____ **Report date** _____

What happened

Facts only. Say what you saw, not who is to blame.

People involved

Name	Role or crew	What they were doing	Injured? Y/N

Witnesses

Name	Company or crew	Phone

Immediate action and first aid

If anyone needs more than basic first aid, get medical help.

Contributing factors

Check all that apply.

- ☐ Rushed or behind schedule
- ☐ Missing or unclear procedure
- ☐ Equipment problem
- ☐ Tool or guard missing
- ☐ Housekeeping
- ☐ Weather or lighting
- ☐ Not enough training
- ☐ Not enough people
- ☐ Communication gap
- ☐ Fatigue

A starting point. Adapt it to your equipment, your procedures and the rules that apply to you. Free template from portalbaseai.com

Corrective actions

Action	Owner	Due date	Done

Reviewed by

Whether it's recordable is decided by the current OSHA recordkeeping rules (29 CFR 1904). Check the current rule.

Reported by (name, signature, date)

Supervisor reviewed (name, signature, date)