Accident/Incident Report Form

TYPE OF REPORT: Near Miss ◯ Property Damage ◯ Injury- First Aid only ◯ Injury-Medical Visit ◯		
EMPLOYEE NAME:	JOB TITLE:	
SUPERVISOR NAME:		
DATE OF INCIDENT:	TIME OF INCIDENT: AM PM	
INCIDENT LOCATION:	ZIP CODE:	
ORGANIZATION: ◉ ◯ ◯ ◯		
WITNESSES (If you were by yourself type N/A)		

INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. Attach additional pages photos and sketches if necessary.

INJURY DESCRIPTION Location and severity, if a near miss how could you have been hurt?

What could have been done to prevent this injury/incident?

Report completed by (print):	Date:
Signature:	

To be filled out by Safety Officer/Reviewers Only

Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Recommendations:	
FROI filed YES NO #	