

Incident Report Form

1. Reporter Information

- **Name:** _____
- **Job Title:** _____
- **Phone/Email:** _____

- **Date of Report:** _____

- **Role:** ☐ Injured ☐ Witness ☐ Supervisor ☐ Other: _____

2. Incident Details

- **Type:** ☐ Injury/Illness ☐ Near-Miss ☐ Hazard ☐ Other: _____
- **Date/Time:** _____
- **Location:** (e.g., Job Site Address, Area) _____
- **Description:** (What happened? Include equipment, weather, terrain, chemicals.) _____

- **Hazards Involved:** (Check all that apply)
☐ Machinery (e.g., mower) ☐ Chemical Exposure ☐ Fall/Slip ☐ Heat/Cold Stress
☐ Vehicle ☐ Electrical ☐ Other: _____

3. Affected Person (If Applicable)

- **Name:** _____
- **Job Title:** _____
- **Injury/Illness:** (Describe body part, severity) _____
- **Medical Treatment:** ☐ None ☐ First Aid ☐ Doctor/Hospital ☐ Other: _____
Details: _____
- **Days Off/Restricted:** _____
- **Witnesses:** (Names, Contact) _____

4. Cause and Prevention

- **Cause:** (e.g., Equipment failure, no training) _____
- **PPE Used?** ☐ Yes (Type: _____) ☐ No (Why: _____)
- **Conditions:** (e.g., Weather, Ground) _____
- **Actions Taken:** _____
- **Preventive Measures:** _____
- **Responsible Person:** _____
- **Target Date:** _____

5. Supervisor Review

- **Name:** _____
- **Date:** _____
- **OSHA-Recordable?** ☐ Yes ☐ No

- **Comments:** _____

- **Signature:** _____