

Incident Report

Employee Section

This Section is to be completed by the employee with their supervisor

Check all that apply:

Property damage Incident with medical treatment Incident without medical treatment

Date of incident

Time

Location of Incident

Name of person(s) involved (Please print)

Description of incident

Description of extent of injury and body part injured

Treating physician/medical facility, if needed

Witness(es) to the incident

How could the incident/accident have been prevented?

Employee Signature

Date

Supervisory Team Investigation

Nature of injury or illness (Body part)

Object/equipment/substance which inflicted injury or caused illness

Description of event (Who, What, How)

Analysis of Causes

Primary and contributing causes

Root causes, policies, procedures, plans, processes, could have prevented the accident?

Corrective actions	Person responsible	Completed Date

Investigated by	Date
Report completed by	Date
Management review	Date