

Incident and Accident Reporting Form

1. General Information

Name of Person Reporting

Date of Report

Department/Area

Contact Information

2. Incident/Accident Details

Date of Incident/Accident

Time of Incident/Accident

Exact Location

Type of Incident/Accident

Select

Description of Incident/Accident

3. People Involved

Name(s) and Role(s) of Involved Person(s)

Witnesses (if any)

4. Action Taken

Immediate Action Taken

Follow-up Action Required/Suggested

5. Additional Comments

Comments