

Electrical Hazard Incident Report

Date of Incident

Time of Incident

Location of Incident

Enter specific location

Reported By

Your name

Witnesses

Names of witnesses (if any)

Description of Incident

Describe the incident and

Equipment Involved

Equipment/facility involved

Suspected Cause

State suspected cause

Injuries (if any)

Describe injuries or medical

Immediate Action Taken

What was done after the i

Recommendation/Corrective Action

Your recommendation

Date Reported

Signature

Name/Signature