

# Electrical Hazard Incident Report

Date of Incident	<input type="text"/>
Time of Incident	<input type="text"/>
Location of Incident	<input type="text"/> Enter specific location
Reported By	<input type="text"/> Your name
Witnesses	<input type="text"/> Names of witnesses (if any)
 <div style="border: 1px solid black; padding: 5px; width: 100%;"><p>Describe the incident and</p></div>	
Description of Incident	<input type="text"/>
Equipment Involved	<input type="text"/> Equipment/facility involved
 <div style="border: 1px solid black; padding: 5px; width: 100%;"><p>State suspected cause</p></div>	
Suspected Cause	<input type="text"/>
 <div style="border: 1px solid black; padding: 5px; width: 100%;"><p>Describe injuries or medical conditions</p></div>	
Injuries (if any)	<input type="text"/>
 <div style="border: 1px solid black; padding: 5px; width: 100%;"><p>What was done after the incident</p></div>	
Immediate Action Taken	<input type="text"/>
 <div style="border: 1px solid black; padding: 5px; width: 100%;"><p>Your recommendation</p></div>	
Recommendation/Corrective Action	<input type="text"/>
Date Reported	<input type="text"/>
Signature	<input type="text"/> Name/Signature