Incident report

Report any accident, injury, damage or near miss as soon as you can, while the details are fresh.

*Fields marked * are required.*

Your name *

Phone

Date of the incident *

Time

Where it happened *

What happened? *

◯ Injury ◯ Damage to property ◯ Near miss ◯ Other

Describe what happened, step by step *

Was anyone hurt? Who, and how?

☐ First aid or medical care was given

Witnesses: names and phone numbers

What was done right away?

☐ I confirm this report is true to the best of my knowledge and sign below. *

Signature *

Date *

For the supervisor

Received by

Date received

What caused it?

What will be done so that it does not happen again, by whom and by when?

Reported to

- [ ] The health and safety committee
- [ ] Our insurer
- [ ] The owner of the building

Closed on

Supervisor's signature

Date