

Accident / Incident Report

INCIDENT INFORMATION

INCIDENT TYPE: _____ DATE OF INCIDENT: _____

LOCATION: _____

SPECIFIC AREA OF LOCATION (if applicable): _____

DESCRIBE INCIDENT

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____

2. _____

3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____

2. _____

3. _____

REPORTING OFFICER: _____ PHONE: _____

SAFETY SUGGESTIONS

REPORTED BY: _____ DATE OF REPORT: _____

TITLE / ROLE: _____ INCIDENT NO.: _____

SUPERVISOR NAME: _____ SUPERVISOR SIGNATURE: _____ DATE: _____

Submit this form to your Health & Safety Officer or to your Manager