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**Safety Incident Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | |
| Date and time of the incident | | **:** |  |
| Location of the incident | | **:** |  |
| Describe the incident | | **:** |  |
|  | |  |  |
| Details of the witnesses, if any | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT CATEGORY** | | |
| Select the appropriate category for the incident: | | |
|  |  | |
|  | Slip, Trip, or Fall | |
|  | Equipment or Machinery Malfunction | |
|  | Hazardous Material Exposure | |
|  | Fire or Explosion | |
|  | Personal Injury | |
|  | Near Miss (incident with potential for harm but no actual injury) | |
|  | Other (specify**) :** |  |

|  |  |  |
| --- | --- | --- |
| **PERSON(S) INVOLVED** | | |
| Name(s) of the person(s) directly involved in the incident | **:** |  |
|  |  |  |
| Job title(s) of the person(s) involved | **:** |  |
|  |  |  |
| Describe the nature and extent of the injuries, if any | **:** |  |
|  |  |  |
| Describe the treatments provided, if any | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **IMMEDIATE ACTIONS TAKEN** | | |
| Describe the immediate actions taken to address the incident and ensure safety | **:** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRIBUTING FACTORS** | | | |
| Were there any contributing factors to the incident? If yes, select the relevant factors: | | | |
|  |  | | |
|  | Inadequate training | | |
|  | Equipment failure | | |
|  | Unsafe work conditions | | |
|  | Human error | | |
|  | Lack of supervision | | |
|  | Communication breakdown | | |
|  | Other (Specify**) :** | |  |
|  |  | |  |
| **INVESTIGATION:** | | | |
| Will a further investigation be conducted? | | **:** | YES  NO |
| If yes, specify the person(s) responsible for the investigation | | **:** |  |
|  |  |
| Provide any additional details or instructions for the investigation | | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **PREVENTIVE MEASURES** | | |
| What preventive measures can be implemented to avoid similar incidents in the future? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL COMMENTS** | | |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **REPORT FILTER** | | |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

Digitize your incident report through Safetymint

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