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**Safety Incident Report**

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

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| **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**) :** |  |

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| **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 ofthe injuries, if any | **:** |  |
|  |  |  |
| Describe the treatments provided,if any | **:** |  |
|  |  |  |

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

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| **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? | **:** | [x]  YES [ ]  NO  |
| If yes, specify the person(s) responsible for the investigation | **:** |  |
|  |  |
| Provide any additional details or instructions for the investigation | **:** |  |
|  |  |

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

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

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

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