

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

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

Describe the incident :

Details of the witnesses, if any :

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 :

Template provided by:



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