

Incident & Injury Report Form

Date: _____

Site location: _____

Reported By:

Name: _____

Position: _____

Reported To:

Name: _____

Position: _____

Incident Near Miss Workplace Hazard Hazardous Work Practice

Description of Hazard and Injury:

What needs to be done?

Signature: _____

Date: _____

Copy given to:

Manager: _____ (Signature)