



INCIDENT REPORT FORM

Reporting Employee's Name:

Reporting Employee's Work Area:

Person Injured:

Date of Incident:

Location of Incident:

Time of Incident:

Possible Contributing Factors to Incident:

- Weather Conditions
- Chemicals (attach SDS)
- Uneven/Wet Surface
- Lightning
- Equipment
- Other (explain below)

Explanation of incident and action taken:

Witness Name:

Witness Phone Number:

Witness Name:

Witness Phone Number:

Witness Name:

Witness Phone Number:

Reporting Employee's Signature

Date