

## ACCIDENT / INCIDENT REPORT FORM

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ AM/PM

Location of Incident: \_\_\_\_\_

### PERSON(S) INVOLVED

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

### TYPE OF INCIDENT (Check all that apply)

### DESCRIPTION OF INCIDENT

(Provide a detailed account of what happened, including actions leading up to the incident and any contributing factors.)

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### INJURIES (If applicable)

Describe any injuries sustained:

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Was medical attention required?      (YES)      (NO)

### PROPERTY / VEHICLE / EQUIPMENT DAMAGE

Describe the damage:

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Estimated Cost of Damage (if known): \$ \_\_\_\_\_

## WITNESS INFORMATION

Witness Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_

## CORRECTIVE ACTION TAKEN

What steps were taken immediately following the incident?

\_\_\_\_\_

\_\_\_\_\_

What measures will be implemented to prevent similar incidents in the future?

\_\_\_\_\_

\_\_\_\_\_

## REPORT COMPLETED BY

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MANAGEMENT REVIEW

Reviewed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE ONLY

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