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| --- | --- | --- | --- |
| Incident Report Date: |  | Incident Report Time: |  |

|  |  |
| --- | --- |
| Date of incident: |  |
| Time of incident: |  |
| Location of incident: |  |
| Affected employee(s): |  |
| Supervisor: |  |

|  |
| --- |
| Description of incident: |
|  |

|  |
| --- |
| Sketch of incident: |
|  |

|  |  |
| --- | --- |
| PPE in use: |  |

|  |  |
| --- | --- |
| Equipment in use: |  |

|  |
| --- |
| Recommended future safe work practices: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by: |  | Job title: |  |