**Incident/Hazard Report Form**

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| --- | --- | --- | --- |
| **Date** |  | **Time** |  |
| **Name** |  | **Sex** |  |
| **□ Staff □ Contractor □ Volunteer □ General Public** | | | |
| **Department/**  **Company Name** |  | **Location** |  |
| **Incident/hazard**  **Type** | **□ injury to an individual**  **□ damage to property/environmental**  **□ a near miss** | **Persons involved** |  |
| **Description**  **of**  **Incident/hazard** |  | | |
| **Witnesses** |  | **Injuries sustained** |  |
| **Description**  **of**  **Injuries** |  | | |
| **Description**  **of**  **Actions taken** |  | | |