

INCIDENT INVESTIGATION REPORT

Name :	Department :	Date :	
Time :	Site / Location of Event (Address) :		
Name of Other Persons Involved :			
No	Name	Position	Department

Incident Type:

- ☐ Injury - First Aid
- ☐ Injury - Medical/Emergency Treatment
- ☐ Property Damage
- ☐ Equipment Failure
- ☐ Theft

Specific Location of Event (e.g. On third floor of Building A, near elevator shaft)	Emergency Services or Police called? Y/N Reason why/why not:
Incident Description (Include all events that led up to the incident and resolution efforts following the incident)	Root Cause (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Behavior <input type="checkbox"/> Procedure <input type="checkbox"/> Equipment <input type="checkbox"/> Conditions <input type="checkbox"/> PPE <input type="checkbox"/> Other:

Description of Associated Hazards and/or Levels	Witnesses (First Last)
Action Plan	

Description of Hazard Resolution	Supervisor Name (First Last)
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Incident Reporting Checklist

- ☐ Witness statements taken?
- ☐ Medical records received and attached to report?
- ☐ Photographs taken and attached to report?
- ☐ Description includes all relevant details?
- ☐ Hazards resolved or scheduled to be resolved?
- ☐ If exposure occurred, concentration and monitoring data attached?

Use the [near miss report](#) to document an event that could have easily caused injury or damage but didn't. This report will be used to improve workplace conditions and implement better safety training.

Thank you for being a safety champion.