Incident Report Form

Capture an incident properly on the day, in the affected person's own words, with the witness details and equipment notes that become impossible to gather later.

A blank form for recording what happened, when, to whom, and what was done about it — written down while it is still fresh.

> **REPORTING DUTIES DIFFER — CHECK YOURS**
> What must be reported, to whom and within what time differ by country and by the kind of premises or work. This sheet names no scheme and sets no threshold. Check what applies where you are, and keep this alongside whatever report that requires.

HOW TO USE THIS SHEET

1. Fill it in the same day. Detail you are sure of now is detail you will not have next month.
2. Record what was said and seen, not what you concluded. Opinions can go in the notes.
3. Get the account in the affected person's own words where you can, and let them read it back.

THE INCIDENT

Report reference | Date of report | Date of incident | Time

Exact location | Activity at the time

PERSON AFFECTED

Name | Role or relationship | Contact

Injury or damage | Taken to hospital

WHAT HAPPENED in their words where possible

RESPONSE

Immediate action taken

Machine or area stopped

First aid given by

Emergency services called

Time

Equipment involved

Kept for inspection

Where

WITNESSES

Name	Contact	What they saw

FOLLOW-UP

Reported to

Date reported

Reference given

Action taken to stop it happening again

Completed by

Signature

Date