

Incident Report

Date: _____ Time of incident: _____

Foreman: _____ Job #: _____

Employee involved: _____

Location of Incident: _____

What potential injury or damage did/could have resulted?

Contributing Factors and root causes (inexperience, poor training, neglect, lack of procedure, lack of proper tools, supervision, poor communication, etc.):

Actions taken to prevent re-occurrence:

Witnesses: _____

Medical treatment necessary? _____

To whom? _____ By whom? _____

Additional notes: _____