

Simple Incident Report

A streamlined version for recording minor incidents quickly. Captures the key facts without unnecessary detail.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Incident Details

1 Date & Time of Incident *

2 Location of Incident *

3 Incident Priority *

Urgent

High

Medium

Low

Trivial

4 Incident Type *

Select all that apply

Hazard

Near-Miss

Slip & Fall

Accident

Injury

Theft

Fire

Property Damage

Fatality

Illness

Other

5 Name of on-duty supervisor at time of incident

6 Is immediate medical attention required? *

Yes

No

N/A

Incident Description

7 Describe what happened. Please be detailed but state only facts. *

8 Photos of incident

Attach file here

Person Involved

9 Full Name

10 Contact phone number

11 What is this person's relation to the incident? (select all that apply)

Select all that apply

Reporter of incident

Injured person

Witness

Primary person involved

On-duty supervisor

Other

12 Has this person sustained an injury?

Yes

No

N/A

13 Describe the injury or illness

Corrective Actions

14 Are corrective/further actions required with regard to this incident?

Yes

No

N/A

15 Have all required corrective actions been added as Actions to this inspection?

Yes

No

N/A

Sign Off

16 Further action/follow-up/investigation required?

Yes

No

N/A

17 Name of person/people to follow up

18 Name & Signature of Reporter *

Signature

