

Incident Reporting Form

Use this form to report any workplace accident, injury, incident, close call.
 Inform line manager at the earliest convenience of incident happening, no longer than 2hours.
 Return completed incident form to the Manager/ Supervisor within 24hrs of incident happening.

Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report: _____ Date: _____

Person(s) Involved: _____

Person (s) involved: _____

Equipment involved: _____

Other: _____

Event Details

Date of Event: _____ Time: _____ Location of Event: _____

Time of Event: _____ Witnesses: _____

Description of Events (Describe tasks being performed and sequence of events):
 NB: Please documents FACTS not opinions.

*If more space is required please use the back of this sheet

Immediate action taken :

TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes _____ No _____ If yes, name of hospital or doctor/GP:

Signature of Employee: _____ Date: _____

Date incident reported to line manager: _____

Signature of Manager/Supervisor: _____

Date incident report received: _____

Date: Next of kin informed: _____

Risk classification:

Green (potential harm, no actual harm)

Amber (minor injury not requiring hospitalization)

Red (actual harm injury/hospitalisation/time off work)

Action taken: