



## Incident report form

Name: \_\_\_\_\_ Date of incident: \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_am/pm

1. What was the Incident/near miss?


2. Where there any injuries? (Note: Any injuries require an Accident Report Form)


3. Was there any damage to property or plant?


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4. What caused the incident?


5. What actions will be taken to eliminate future repeats of the incident?


6. Management comments


Signed off by management when corrective actions have been adopted and monitored.

Management signature\_\_\_\_\_

Date of sign off\_\_\_\_\_