

**INCIDENT REPORT FORM SAMPLE**

---

**Company Name**

---

Activity

---

Address

---

Person  
completing  
Report

---

**Injured Party**

Name

Address

---

Date of Birth (00/00/00)

---

**Incident**

Objective description of incident

---

---

---

---

---

---

---

---

**Injury/First Aid**

Injury, Signs and Symptoms

---

---

---

Witness	Witness
Name	Name
Address	Address

---

- |  |
|--|
| Incident Investigation Packet:<br>Witness statements<br>Photographs of incident site<br>Diagram of incident site<br>Notify _____ serious injury or fatality<br>Notify Workers Compensation—employee only |
|--|