

Incident Investigation Report

Incident Details

Date of Incident*: _____

Time of Incident*: _____

Exact Location*: _____

Incident Description*: _____

Immediate Actions Taken*: _____

Emergency Services Contacted

Severity Rating*: _____ > Options: Minor, Serious, Major

People Involved

Injured Persons:

Name	Role	Injury Description	Hospitalized

Options for 'Role': Worker, Supervisor, Visitor, Contractor, Other

Other Involved (Not Injured):

Name	Role	Participation / Involvement

Options for 'Role': Worker, Supervisor, Visitor, Contractor, Other

Witnesses:

Name	Contact Number	Statement