

Template Incident Reporting

Details:

Date and Time of Incident:

Location of Incident:

Description of Incident:

Were any injuries reported? [Yes/No]:

If yes, provide details:

Was there any property damage? [Yes/No]:

If yes, provide details:

Witnesses:

Name(s) of witness(es):

Contact information [Phone and/or email]:

Actions Taken:

First Aid/Assistance Provided:

Police/Fire Department Contacted [Yes/No]:

If yes, provide details [reason for contacting]:

Manager/Supervisor Notified [Yes/No]:

If yes, provide details [when and how]:

Follow-Up:

What steps were taken to prevent a similar incident from happening in the future?

Were any additional actions taken after the incident? [Yes/No]:

If yes, provide details [when and how]:

Reporting Staff Member:

Name of staff member filling out the report:

Department of staff member:

Phone number of staff member:

Email address of staff member:

Signature:

Signature of Reporting Staff Member: [Electronic signature or physical signature]

Date: [Date]
