



INCIDENT REPORT FORM

INCIDENT REPORT NUMBER:		
SECTION 1		
<i>*The following section is to be completed by the impacted person</i>		
IMPACTED PERSON DETAILS		
<i>NAME:</i>	<i>ADDRESS:</i>	<i>PHONE:</i>
DETAILS OF INCIDENT		
<i>DATE:</i>	<i>TIME:</i>	<i>LOCATION:</i>
<i>TYPE OF INCIDENT:</i>		
<i>REPORTED BY:</i>	<i>WITNESSED BY:</i>	<i>WITNESS PHONE:</i>
<i>DESCRIPTION OF THE INCIDENT:</i>		
<i>DESCRIPTION OF ANY ILLNESS OR INJURY:</i>		
<i>DESCRIPTION OF ANY PROPERTY DAMAGE:</i>		
TREATMENT		
<i>DESCRIPTION OF TREATMENT:</i>		

Impacted Persons Signature:

Date:

Business Owner Signature:

Date:



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SECTION 2: INCIDENT INVESTIGATION REPORT FORM

**This section is to be completed by the key personal/ Business Owner*

How did the incident occur?

What were the contributing factors to the incident?

What measurements were taken to lessen risk/prevent incident occurring again?

What follow up measurements with the impacted person was taken?

Impacted Persons Signature:

Date:

Business Owner Signature:

Date: