Hazard/Incident Report Form

Use this form in your workplace to report health and safety hazards and incidents.

# Please circle one: Hazard / Incident

# Name of injured person:

# Date of Injury: / / Time of Injury:

#

#

# Hazard/Incident Reported By:

# Name:

# Position:

# Date: / / Time:

# Hazard/Incident

Brief description of hazard/incident: (Describe the task, equipment, tools and people involved. Use sketches, if necessary. Include any action taken to ensure the safety of those who may be affected.)

Where is the hazard located in the workplace?

Recommended action to fix hazard/incident: (List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work)

# Action taken

Describe what has been done to resolve the hazard/incident:

**Did the person require medical attention? Yes/ No Date: / /**

**Did the person require follow up medical attention? Yes/ No Date: / /**

# Hazard/Incident Reported To:

# Name:

# Position:

# Date: / / Time:

**Follow Up Date:** Date: / /

(Within 4 weeks from reported date)

**Do you consider the hazard/incident fixed? Yes/ No**

# Name: