## Incident Report

### Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tel. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Department:</td>
</tr>
</tbody>
</table>

### Incident Information

**Nature of Incident:** (circle one)  
- Near Miss  
- Property Damage  
- Hazardous Condition  
- Other

**Location (please be specific):**

**Date of incident:** __________  
**Time of incident:** __________ AM/PM

If this was a near miss, who was almost injured and what part of body? (be as specific as possible):

Where and how did the incident happen?

What was happening at the time of the incident?

Specify any equipment, substance, or object connected with the incident:

**Witness(es):**

**Measures recommended to prevent a future occurrence:**

Signature: ___________________________  
Date: ___________________________

Submit this form to the Safety Manager within 24 hours of the incident.

Date of Last Revision: November 10, 2016