

## Sample Incident Report

Date of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Reporter Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Phone Number(s): \_\_\_\_\_

Incident Description (Reporter): \_\_\_\_\_

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Incident Description (Witness, if available): \_\_\_\_\_

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Preventable (circle one): Yes No

Suggested Corrective Action: \_\_\_\_\_

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Signature of Reporter: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_