

# General Accident/Incident Report



REPORTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_ TIME: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

## INCIDENT INFORMATION

INCIDENT TYPE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SPECIFIC AREA OF LOCATION (if applicable): \_\_\_\_\_

## INCIDENT DESCRIPTION

## NAME / ROLE / CONTACT OF PARTIES INVOLVED/CONTACT INFORMATION OF WITNESSES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SENT TO THE DOCTOR: ( ) Yes ( ) No Describe Injury: \_\_\_\_\_

DESCRIBE APPARENT CAUSE OF ACCIDENT/INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_

WHAT STEPS WERE TAKE AFTER THE ACCIDENT/INCIDENT TO ENSURE THE SAFETY OF OTHERS

\_\_\_\_\_  
\_\_\_\_\_

NOTES/FOLLOW-UP ACTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_