

Internal Incident Report



Date of Report: _____

Date of Incident: _____

Time of Incident: _____

Incident Location: _____

Personnel Involved: _____

Personnel Injured: _____

Nature of the Injuries: _____

Injured Parties Transferred to the Hospital? Yes or No

What Hospital? _____

Other Actions Taken: _____

Description of the Incident as Well as Any Contributing Factors:

Person Completing This Report:

Printed Name

Signature

Date

Supervisor Reporting

Necessary Paperwork and OSHA Reports Completed? Yes or No

Incident Fully Investigated? Yes or No

Corrective Action Taken? Yes or No

Name of Investigating Supervisor: _____