**[Injury report form](#Incidentexplained)**

Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of incident: \_\_\_/\_\_\_\_/\_\_\_Time \_\_\_\_\_am/pm

1. What was the Incident/near miss?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

2. Where there any injuries? (Note: Any injuries require an Accident Report Form)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

3. Was there any damage to property or plant?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

[**Incident report form**](#Incidentexplained)

4. What caused the incident?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

5. What actions will be taken to eliminate future repeats of the incident?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

6. Management comments

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Signed off by management when corrective actions have been adopted and monitored.

Management signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of sign off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_