Accident & incident report form

Free accident and incident report form template in PDF and Excel. Records what happened, injuries, witnesses, immediate action and the follow-up that prevents a repeat.

VENUE / SITE

REPORT REFERENCE

DATE COMPLETED

PERSON INVOLVED

Full name

Staff / customer / contractor / other

Role and section (if staff)

Contact number or address

Date and time of incident

Exact location in the venue

WHAT HAPPENED

Type: accident / near miss / illness / violence or aggression / property damage

Describe what happened, in order, factually

What activity was being carried out at the time

Equipment, substance or surface involved

Were the correct guards, signage or protective equipment in use? (Y/N)

INJURY AND TREATMENT

Injury sustained and to which part of the body

First aid given, by whom, at what time

Sent home / continued shift / taken to hospital / ambulance called

Name of first aider

Did the person lose any time off work? (days)

WITNESSES

Witness 1 name and contact

Witness 1 signature

Witness 2 name and contact

Witness 2 signature

IMMEDIATE ACTION TAKEN

What was done to make the area safe

Time the area was made safe

Was equipment taken out of use? (Y/N — asset or serial number)

FOLLOW-UP AND PREVENTION

Root cause as far as it can be established

Corrective action to prevent a repeat

Who is responsible for it and by what date

Risk assessment or procedure updated? (Y/N)

Reportable to an external authority? (Y/N — reference)

Completed by (name and signature)

Reviewed by manager (name, signature, date)

> Complete this on the day of the incident. Record facts and times, not opinions about fault.
>
> Log near misses too — they are the warnings that cost you nothing.
>
> Reporting duties for serious incidents and record retention periods vary by country. Check your own local requirements.