

Incident Report Form Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

This is a demonstration, not an emergency or real incident-reporting channel. Use your organization's approved route for an actual event. All example fields are optional. Describe only what you know; do not enter medical details, identity documents or private information about other people.

1. When did the event occur, as closely as you can recall?

2. Where did the event occur?

3. Which description best fits the event?

- ☐ A near miss with no known harm
- ☐ Equipment or property damage
- ☐ An event involving possible injury
- ☐ Another event
- ☐ Not sure

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4. What did you directly observe?

5. What action was taken immediately afterward?

6. Which responsible team or role has already been notified?

7. How may the authorized reviewer contact you for clarification, if you wish?
