

Safety Incident Report

It is important that all safety violations, accidents and safety incidents be reported immediately. Please use this form. Be as detailed as possible, as this will help ensure that safety issues in the future are resolved properly and precautions will minimize accidents.

Your Name:	
Your Dept:	
Employee Number:	
Phone Number/Extension:	
Incident Date and Time:	
Incident Type (Spill, Personal Injury, etc.)	
Details of Incident:	
Temporary Solution:	
Permanent Solution:	
Preventative Measures for the future:	
Names of Additional Employees Involved:	
Date and Time of Temporary Resolution:	
Date and Time of Permanent Resolution:	
Downtime Caused:	
Submitter's Signature:	
Supervisor in Charge:	
Supervisor's Signature:	