



## ACCIDENT / INCIDENT / NEAR-MISS REPORT FORM

### 1. Accident / Incident Details:

- Date of Accident / Incident: \_\_\_\_\_
- Time of Accident / Incident: \_\_\_\_\_
- Exact Location: \_\_\_\_\_

### Type of Accident / Incident (check all that apply):

- At Fault
- Not at Fault
- Fault Undetermined
- Near-Miss
- Other: \_\_\_\_\_

### 2. Description of Accident / Incident (Describe what happened, how it happened, and what led up to it):

---

---

---

---

### 3. Injury Details:

- Was anyone injured?  Yes  No
- If yes, describe injury: \_\_\_\_\_  
\_\_\_\_\_
- Full Name: \_\_\_\_\_
- Job Title / Student / Visitor: \_\_\_\_\_
- Department / Class / Organization: \_\_\_\_\_
- Contact Information: \_\_\_\_\_

**4. Immediate Action Taken:**

- First Aid Provided
- Medical Treatment Required
- Emergency Services Called
- Area Secured
- Equipment Shut Down
- No Action Required

**Details:**

---

---

**5. Witness Information:**

**Name(s) & Contact Info:**

---

---

**6. Contributing Factors (if known):**

- Wet / Uneven Surface
- Poor Lighting
- Equipment Failure
- Lack of Training
- Human Error
- Environmental Conditions
- Other: \_\_\_\_\_

**7. Preventive Measures / Recommendations:**

---

---

**9. Report Information:**

- Date Reported: \_\_\_\_\_
- Time of Report: \_\_\_\_\_
- Reported By (Name & Role): \_\_\_\_\_

- **Contact Information:** \_\_\_\_\_

**10. Signatures:**

- **Reporting Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Supervisor / Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_