

1. Incident Information

Incident Date		Incident Time	
Location		Department / Area	
Exact Incident Location			
Reported By		Job Title / Position	

2. People Involved

Name	Role	Department / Company	Contact Number

3. Incident Summary

Brief Description of the Incident	
Immediate Actions Taken	

4. Incident Classification (Lessons Learned)

Event Category

☐ Near-Miss / Hazard

☐ Property / Asset Damage

☐ Environmental Release

☐ Medical / Injury Event

☐ Security Breach / Threat

☐ Process / Equipment Failure

Root Cause Classification

☐ Lack of Training / Competency

☐ Inadequate Procedures / SWMS

☐ Equipment Defect / Failure

☐ Human Error / Behavior

☐ Poor Communication / Planning

☐ Environmental / External Factors

Focus Area for Improvement

☐ Policy / Procedure Update

☐ Additional Training Required

☐ Equipment / Design Upgrade

☐ PPE Requirements / Review

☐ Communication / Signage

☐ Safety Culture / Awareness

5. Findings & Corrective Actions

Root Cause (or Primary Cause)			
Corrective Actions Recommended			
Preventive Actions			
Responsible Person		Target Completion Date	

6. Additional Notes

Observations, witness statements, supporting information, or supervisor comments

7. Review & Authorization

Role	Name	Signature	Date
Report Prepared By			
Super visor			
Safety Representative			