

Incident Investigation Report

Company Name _____

Location _____

Date of report _____

Name of person completing report _____

Describe where the incident occurred (e.g., Inside the entryway to building #4).

Who was injured? (name, address and phone number). Taken to the emergency room or hospital?

Date and time the incident occurred. _____

Weather conditions (if occurred outdoors). _____

Injured person's statement of what happened.

Manager/supervisor's statement of what was reported to them.

WITNESS DESCRIPTION

Witnesses to the incident. Include employees and any other tenants or customers' names and phone numbers.

