

# INCIDENT REPORT

Call OSHA (1-800-321-6742) or report at [osha.gov](https://www.osha.gov): within 8 hours of a work related death, and within 24 hours of an inpatient hospitalization, amputation, or loss of an eye.

## 1. WHAT HAPPENED

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ DATE REPORTED \_\_\_\_\_

LOCATION / JOB SITE \_\_\_\_\_ REPORTED BY \_\_\_\_\_

☐ Injury ☐ Illness ☐ Near miss ☐ Property damage ☐ Vehicle ☐ Spill or release

DESCRIBE WHAT HAPPENED, STEP BY STEP. WHAT WAS THE PERSON DOING JUST BEFORE?

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## 2. PERSON INVOLVED

NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ DATE HIRED \_\_\_\_\_

BODY PART AFFECTED \_\_\_\_\_ TYPE OF INJURY \_\_\_\_\_

☐ No treatment ☐ First aid only ☐ Clinic or doctor ☐ Emergency room ☐ Admitted to hospital  
☐ Time away from work ☐ Restricted duty

## 3. WITNESSES

NAME AND PHONE \_\_\_\_\_ NAME AND PHONE \_\_\_\_\_

## 4. IMMEDIATE ACTIONS TAKEN

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### 5. FIND THE ROOT CAUSE: ASK WHY FIVE TIMES

Start with what happened and keep asking why until you reach something you can fix in your system, not just "the worker was careless."

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| Why 1? |  |
| Why 2? |  |
| Why 3? |  |
| Why 4? |  |
| Why 5? |  |

### 6. CONTRIBUTING FACTORS

- ☐ Training  
☐ Procedure missing or unclear  
☐ Equipment or tools  
☐ PPE  
☐ Housekeeping  
☐ Rushing or schedule  
☐ Supervision  
☐ Weather or environment  
☐ Communication

### 7. CORRECTIVE ACTIONS

| ACTION | OWNER | DUE DATE | DONE |
|--------|-------|----------|------|
|        |       |          |      |
|        |       |          |      |
|        |       |          |      |
|        |       |          |      |

### 8. IS IT OSHA RECORDABLE?

- ☐ Did it result in death, days away, restricted work, or a job transfer?  
☐ Medical treatment beyond first aid, or loss of consciousness?  
☐ A significant injury or illness diagnosed by a doctor or licensed health care professional?

If it was work related and any box is checked, it is likely recordable. Enter it on the OSHA 300 log within 7 calendar days.

|                             |            |
|-----------------------------|------------|
| INVESTIGATED BY _____       | DATE _____ |
| REVIEWED BY (MANAGER) _____ | DATE _____ |