**Incident Report Template**

 Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of incident: \_\_\_/\_\_\_\_/\_\_\_Time \_\_\_\_\_am/pm

1. What was the Incident/near miss?

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2. Where there any injuries? (Note: Any injuries require an Accident Report Form)

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3. Was there any damage to property or plant?

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4. What caused the incident?

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5. What actions will be taken to eliminate future repeats of the incident?

6. Management comments

 Signed off by management when corrective actions have been adopted and monitored.

Management signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of sign off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_