

# Incident Investigation Report

COMPANY NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE OF REPORT \_\_\_\_\_

NAME OF PERSON COMPLETING REPORT \_\_\_\_\_

- Describe where the incident occurred (i.e. 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 tenant or customer's names and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_