



Staff Member Incident Report

Please complete all items

Incident date: _____ Incident time: _____ AM PM Time started work: _____ AM PM

Name of staff member: _____ Title: _____

Badge: _____ Location: _____

What happened? _____

What caused this incident? _____

What could have prevented this? _____

Were you injured, even slightly? Yes No

What body part was injured? _____

Were safety devices being used? Yes No

What device were you using? _____

Date of report

Staff member signature