SSD-003

INCIDENT REPORT

Document the facts. Preserve evidence. Identify causes and prevent recurrence.

Project / Client		**Incident Report No.**	
Incident Location		**Incident Date**	
Employer / Company		**Incident Time / Shift**	Time: _____ ☐ Day ☐ Night
Activity Being Performed		**Date Reported**	
Report Prepared By		**Safety / Risk / HR**	

1 Incident Information *Complete known facts promptly; mark unknown items for follow-up.*

2 Injured Person(s)	3 Witness Information
Name: _____ Employer / Job Title: _____ Contact No.: _____ Injury status: ☐ None ☐ First aid ☐ Medical Treatment / facility: _____ Additional injured persons attached: ☐ Yes ☐ No	Name: _____ Employer / Job Title: _____ Contact No.: _____ Statement obtained: ☐ Yes ☐ No Interviewed by: _____ Date / time: _____ Additional witnesses attached: ☐ Yes ☐ No Other: _____

4 Incident Classification *Select all that apply and record actual or potential severity.*

TYPE	Injury / illness	Near miss	Property damage	Environmental	Security / other
LEVEL	Minor / first aid	Recordable / moderate	Lost time / serious	Life altering / major	Fatality / catastrophic

Classification: INJURY / ILLNESS NEAR MISS PROPERTY DAMAGE ENVIRONMENTAL / OTHER

Severity: Minor - first aid or limited impact. Recordable / moderate - medical treatment, restricted work, or material damage. Serious - lost time, hospitalization, major damage, or release. Critical - fatality, life-altering injury, or catastrophic event.

5 Description of Events

Record the sequence objectively. Distinguish observed facts from assumptions.

#	TIME / SEQUENCE	EVENT / ACTION / OBSERVED FACT	CONDITIONS / CONTRIBUTING FACTORS	EVIDENCE	FOLLOW-UP	SOURCE / PERSON
1				O / W / D / P	O / W / D / P	
2				O / W / D / P	O / W / D / P	
3				O / W / D / P	O / W / D / P	
4				O / W / D / P	O / W / D / P	
5				O / W / D / P	O / W / D / P	
6				O / W / D / P	O / W / D / P	
7				O / W / D / P	O / W / D / P	

Evidence Key: O = Observed W = Witness statement D = Document P = Photo / video

Reporting reminder: Preserve the scene when safe, provide care, control ongoing hazards, capture time-sensitive evidence, and avoid assigning blame. Use additional pages or attachments when more space is needed.

6 Injury/Illness Details | 7 Equipment/Property Damage

6 Injury/Illness Details	7 Equipment/Property Damage
☐ No injury / illness ☐ First aid ☐ Medical treatment ☐ Restricted work ☐ Days away from work ☐ Fatality Body part: _____ Nature of injury: _____ Treatment provider: _____ Treatment date / time: _____ Case / claim no.: _____ Privacy case / restricted access: ☐ Yes ☐ No Other: _____	☐ No equipment / property damage Owner: _____ Equipment / property: _____ Asset / serial no.: _____ Damage description: _____ Estimated cost: _____ Removed from service / secured: ☐ Yes ☐ No Photos attached: ☐ Yes ☐ No Repair / claim no.: _____ Environmental impact: ☐ None ☐ Yes Release quantity / material: _____ Disposition / storage: _____ Other: _____

8 Immediate Corrective Actions

Immediate Action Owner / No.		**Medical Response / Facility**	
Scene Secured By		**Location / Area Isolated**	
Emergency Services Called?	☐ No ☐ Yes - agency / report: _____	**Ongoing Hazard Controlled?**	☐ Yes ☐ No - explain: _____
Interim Corrective Action		**Responsible Person / Due**	Name: _____ Due: _____

9 Root Cause Analysis

☐ People / supervision	☐ Procedures / planning	☐ Equipment / tools	☐ Materials / environment
☐ Training / competency	☐ Communication	☐ Management system	☐ Other: _____

10 Photos/Evidence

Preserve relevant photos, video, documents, equipment, samples, electronic records, training records, permits, and statements. Record who collected each item, when and where it was collected, where it is stored, and any transfer of custody. Do not alter or discard evidence unless authorized under the organization's retention and legal-hold requirements.

Evidence Item / Photo No.		**Date / Time**	
Description / File / Storage Location		**Collected / Preserved By**	

11 Notifications *Record required internal and external notifications and confirmation details.*

NOTIFICATION	AGENCY / CONTACT	OWNER	VERIFIED / CLOSED
Supervisor / Management			
Safety / Risk / HR			
Client / Owner / Insurance			
Regulator / Emergency Authority			

12 Corrective Action Tracking: Assign an owner and due date; verify effectiveness before closure.

Use one line per action. Interim measures remain in place until permanent corrective action is completed. Closure confirms implementation and effectiveness review; it does not waive any reporting, medical, regulatory, contractual, or recordkeeping duty.

CORRECTIVE ACTION / REQUIRED RESULT	OWNER	DUE / COMPLETED	VERIFIED / CLOSED

13 Supervisor Review | 14 Management Approval | 15 Record Retention

Supervisor Review	☐ Complete ☐ Follow-up required	**Date / Time**	
Management Approval	☐ Approved ☐ Returned for follow-up	**Review / Approval Comments**	
Record Retention Location / Period		**Final Approval / Closure By**	

IMPORTANT: This report supports incident documentation and follow-up but does not replace emergency response, medical care, regulatory reporting, workers' compensation, contractual notice, legal-hold, privacy, or recordkeeping obligations. The employer remains responsible for timely reporting, qualified investigation, corrective action, and secure retention.