

Incident Report Form

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PRODUCTION		CLIENT	DATE	PAGE
DATE OF INCIDENT	TIME	LOCATION		
PERSON INVOLVED		ROLE	PHONE	
TYPE: INJURY / NEAR MISS / DAMAGE / OTHER		REPORTED TO		
WHAT HAPPENED				
INJURY OR DAMAGE, AND FIRST AID GIVEN				
WITNESSES (NAMES AND CONTACTS)				
ACTION TAKEN TO STOP IT HAPPENING AGAIN				
☐ First aid given ☐ Hospital visit ☐ RIDDOR report (HSE) ☐ Insurer informed				
PERSON REPORTING: SIGNATURE		PRINT NAME	DATE	
PRODUCER / PRODUCTION MANAGER: SIGNATURE		PRINT NAME	DATE	