**Incident Report**

This report must be filled out whenever an incident that could have caused damages or injuries occurs at work. The employee must fill out Part 1 and give a copy of the document to their direct supervisor as soon as possible, no later than 24 hours after the incident. The supervisor must fill out Part 2 and give the document to the appropriate human resources professional as soon as possible.

**Part 1**

|  |  |
| --- | --- |
| **Identification of the employee** | |
| First name: | Last name: |
| Badge number: | Position: |
| Date of the incident: | Time of the incident: |
| Location of the incident: | |
| **Description of the incident** | |
| Detailed description: | |
| Description of the potential injuries and/or damages: | |
| Possible causes of the incident: | |
| People involved and/or witnesses: | |
| Photos and/or other evidence: | |

**Signature of the employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2**

|  |  |
| --- | --- |
| **Identification of the supervisor** | |
| First name: | Last name: |
| **Preventive measures** | |
| Causes of the incident: | |
| Corrective measures: | |
| Additional information: | |

**Signature of the supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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