

## INCIDENT REPORT FORM: EQUIPMENT / BUILDING/ GROUNDS

Name of Reporter \_\_\_\_\_

Role/Function/Position of Reporter \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Signature of Reporter \_\_\_\_\_

Type of Incident: \_\_\_Equipment \_\_\_Building \_\_\_Grounds

Date \_\_\_\_\_ Time \_\_\_\_\_

### A. Describe the nature of the accident/ injury/other

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Describe the circumstances under which you became aware of the incident. Include the names of name(s) of any witnesses.

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Immediate Action Taken (if any)

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**Additional information that may be helpful in establishing the cause of the incident.**

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**Reported to** \_\_\_\_\_ **Date** \_\_\_\_\_

**B. Action(s) taken**

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Additional Comments (if any)

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**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Role/Function/Position \_\_\_\_\_

Signature \_\_\_\_\_

Reported to \_\_\_\_\_ Date \_\_\_\_\_