



ISO 45001 CHAMPION DOWNLOADABLE TEMPLATE

Incident Report Template

Date and Time of Incident: [Date: _____] [Time: _____]

Location of Incident: [Building/Department/Specific Area]

Nature of Incident: [Select all that apply]

- Injury
- Near Miss
- Property Damage
- Environmental Incident
- Unsafe Condition

Description of Incident: [Provide a detailed account of what happened, including the sequence of events leading up to and following the incident.]

Injured Person(s) or Affected Party:

- Name: _____
- Job Title/Role: _____
- Department: _____
- Contact Information: _____

Witness Information:

- Name: _____
- Job Title/Role: _____
- Department: _____
- Contact Information: _____

Immediate Actions Taken: [Describe any immediate actions taken to address the situation, such as first aid administered, evacuation procedures followed, etc.]

Contributing Factors: [Identify any contributing factors or root causes that may have led to the incident.]

Recommendations for Preventing Future Incidents: [Suggest corrective actions and preventive measures to avoid similar incidents in the future.]

Supervisor/Manager on Duty:

- Name: _____
- Job Title/Role: _____



- Department: _____
- Contact Information: _____

Health and Safety Representative:

- Name: _____
- Job Title/Role: _____
- Department: _____
- Contact Information: _____

Reported By:

- Name: _____
- Job Title/Role: _____
- Department: _____
- Contact Information: _____

Date and Time Report Submitted: [Date: _____] [Time: _____]

Attachments: [Attach any relevant photos, diagrams, or additional documentation.]

Review and Approval: [Designated personnel for reviewing and approving the incident report.]

Investigation Findings: [Details of the investigation findings, including identified causes and recommended corrective actions.]

Corrective Actions Taken: [Describe the actions taken to address the identified causes and prevent recurrence.]

Follow-up Actions: [Outline any follow-up actions, monitoring, or additional measures to ensure sustained improvement.]

Closure Date: [Date: _____]

Incident Report Status: [] Open [] Closed

Additional Comments: [Include any additional comments or notes relevant to the incident.]

Signature: [Signature of the person completing the report]

[Note: Customize the template based on the specific needs and requirements of your organization. This template is a general guide and may need adjustments to align with your company's incident reporting procedures.]