

# FIRST REPORT OF INCIDENT

An incident report form streamlined for speed and simplicity. Designed to quickly report incidents to those in charge. Information includes incident type, severity, date, location, etc.



* Your Name	* Date / Time

## INCIDENT DETAILS

<b>Incident Type</b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Spill / Release <input type="checkbox"/> Other	<b>Severity Level</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Life Threatening
Date / Time of Incident	Date / Time Reported
Injured Name	Address
Phone	Date of Hire
Job Title	Supervisor
Incident Location	Describe What Happened ----- ----- ----- -----
Images / Documents - Attach to this report.	