**Initial Incident Information Report**

Use this report to provide the initial information needed to start an investigation into an Incident, Near Miss or Hazard ID.

Report the event to the client representative ASAP.

Phone your operations Coordinator ASAP to inform them of the event.

Email a copy of this form to [operations@safetyfirstm.com](mailto:operations@safetyfirstm.com) as soon as reasonably possible.

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| --- | --- | --- | --- |
| Employee last name | First name | Location, Company | Date of incident |
| Time of Incident (24hr clock) | Client Representative | Client contact Info |  |

Injury/ Illness Equipment/Materials Damage Environmental Hazard Exposure

|  |  |
| --- | --- |
| Activity or task at the time of the event |  |
| Were there other workers in the area that were exposed to the hazard? |  |
| Was the hazard identified in the Safety Meeting? |  |
| Other contributing factors that lead up to the event |  |

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| Detailed Description of Incident. Include all related events leading up to the incident.  (use full names, titles and who they work for) |
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| Name: Signature: Date: |