FIRST UNDERWRITERS®
INSURANCE BROKERS

INCIDENT REPORT FORM

Workplace Injury, Illness & Near-Miss Documentation

1. GENERAL INFORMATION

Report Date: _____ Report #: _____

Company Name: _____

Location/Jobsite: _____

Address: _____

City: _____ State: _____ Zip: _____

2. INCIDENT DETAILS

Date of Incident: _____ Time: _____ [ ] AM [ ] PM

Exact Location of Incident: _____

Type of Incident:

[ ] Injury/Illness [ ] Near Miss [ ] Property Damage [ ] Vehicle Accident [ ] Environmental [ ] Other

3. INJURED PERSON INFORMATION (If Applicable)

Name: _____ Date of Birth: _____

Job Title: _____ Department: _____

Phone: _____ Email: _____

Employee Status: [ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Contractor

Time on Job: _____ Supervisor: _____

4. INJURY/ILLNESS DETAILS

Nature of Injury:

[ ] Cut/Laceration [ ] Fracture [ ] Sprain/Strain [ ] Burn [ ] Contusion

[ ] Eye Injury [ ] Amputation [ ] Respiratory [ ] Hearing Loss [ ] Other: _____

Body Part Affected:

[ ] Head [ ] Eye [ ] Neck [ ] Back [ ] Chest [ ] Arm [ ] Hand [ ] Leg [ ] Foot

Side: [ ] Left [ ] Right [ ] Both [ ] N/A

5. MEDICAL TREATMENT

Treatment Provided:

[ ] First Aid On-Site [ ] Clinic/Urgent Care [ ] Emergency Room [ ] Hospitalized [ ] None

Medical Facility Name: _____

Treating Physician: _____ Phone: _____

Work Status: [ ] Returned to Full Duty [ ] Restricted Duty [ ] Off Work

6. INCIDENT DESCRIPTION

Describe what happened (include task being performed, equipment involved, and events leading to incident):

_____

_____

_____

_____

7. CONTRIBUTING FACTORS

[ ] Lack of Training [ ] Equipment Failure [ ] Unsafe Conditions [ ] Weather

[ ] PPE Not Used [ ] Procedure Not Followed [ ] Housekeeping [ ] Other: _____

8. WITNESSES

Name	Phone	Statement Obtained
_____	_____	[ ] Yes [ ] No
_____	_____	[ ] Yes [ ] No

9. CORRECTIVE ACTIONS

Immediate actions taken to prevent recurrence:

_____

_____

_____

Assigned To: _____ Target Date: _____

10. SIGNATURES & APPROVAL

Report Prepared By: _____ Signature: _____ Date: _____

Supervisor Review: _____ Signature: _____ Date: _____

Safety Manager: _____ Signature: _____ Date: _____