Health and Safety Incident Report Form

The Incident	
Reported by:	Contact Details:
Date/Time of Occurrence:	Exact Location:
Accident ☐ Incident ☐ Near Miss ☐ Violence ☐ Ill-health ☐ Safety ☐	
What happened? Report any details that may have contributed to the accident (*e.g.* poor *lighting*). Use additional side as necessary.	
Describe the outcome: harm/health effects/damage	

(Return To GLEAN Hub H&S Trustee on completion)

Signature of Plaintiff _____

Date _____

Describe corrective action taken to address immediate hazards related to incident

Signature (Health & Safety) _____

Date _____