

Safety Observation / Incident Report

Report it the day you see it. Report Type sets what else this report needs.

How to use: fill in the shaded cells. Gray italic text shows examples or the option list.

Event Intake			
Report Type	Observation-Positive / Observation-At-Risk / Near Miss / First Aid / Medical Treatment-Recordable / Property Damage / Environmental		Date & time
Brief description	One-line summary		
Location / area		GPS location	optional, lat/long or pin
Weather	Conditions at the time, if weather contributed to the event		
Company / crew involved			

Detailed description

The factual account of what happened or was observed...

Immediate action taken

What was done right away to make the area safe, care for anyone involved...

Photos

Attach separately / note filenames here

Witnesses

Names of people who saw the event

Incident Details (First Aid / Medical Treatment / Property Damage / Environmental only)

Person(s) involved

Injury / damage description

Medical treatment	None / First Aid on Site / Clinic-Urgent Care / Emergency-Hospital	Work status	Returned / Restricted / Lost Time / N-A
OSHA recordable	Yes / No / TBD	Default TBD, the investigator confirms this later.	

Investigation

Root cause

The investigator's determination of why the event happened...

Corrective / preventive actions

What will change to prevent recurrence...

Sign-off			
Reported by		Signature	
Supervisor review		Date	

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