



Safety Incident Report

Incident Information

Date of Incident: _____ Time of Incident: _____

Location of Incident (building and area): _____

Type of Incident (Injury, Fire, Spill, etc.): _____

Individuals Involved

Name(s): _____ Phone Number: _____

Affiliation (Employee, Student, Visitor, Contractor): _____

Incident Description

Detailed Description of Incident:

Witness Statements:

Immediate Actions Taken

Emergency Response Provided: _____

Evacuation Conducted: _____



Notifications Made (Police, Fire, OSHE, Supervisor): _____

Injury / Damage Report

Description of Injury/Damage:

Medical Treatment Required (Yes/No): _____

Root Cause / Contributing Factors

Identify Hazard(s): _____

Root Cause Analysis: _____

Corrective / Preventive Actions

Corrective Action(s) Implemented: _____

Preventive Measures Planned: _____

Report Prepared By

Name: _____ Job Title: _____

Signature: _____ Date: _____

Please send completed form to OSHE@morgan.edu.