

**Sample Document / Form Report**

**Phoenix Manufacturing, Inc.**

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**Incident/Accident Report Form**

**DO NOT COPY - PRIVILEGED AND CONFIDENTIAL**

**Must Be Completed and Submitted to Risk Management Within 48 Hours of Event**

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Employee's Name (Last name first): \_\_\_\_\_

Employee ID / Social Security Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

What happened? Describe injury, loss, damage, occurrence, etc.

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If injury, check nature of injury:

\_\_\_\_\_ Emotional only (no physical injury)

\_\_\_\_\_ Insignificant (minor scrapes, bruises)

\_\_\_\_\_ Temporary (burns, fractures, deep cuts, infection due to insignificant injuries)

\_\_\_\_\_ Permanent (deafness, loss of eye, loss of limb, damage to organs)

\_\_\_\_\_ Total disability (blindness, loss of two limbs, paraplegia, brain damage)

\_\_\_\_\_ Death

Why did it happen? Include factors that contributed to the incident.

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Was this incident precipitated by (check all that apply):

people      equipment      materials      a procedure      a system

Report initiated by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**Annotation:** This is an example of a form report, which could be filled out on paper (print) or online. Although workplace injuries may not seem "routine" to warrant a form report, many organizations use forms as a way to consistently document workplace injuries or incidents.