Workplace Incident Report

Injury, illness, near miss or property damage. One report per event.

Before you start

- Fill this in the same day, while people still remember the details. Write facts, not blame.
- Fields marked ● are the fields on OSHA Form 301. If the case is recordable, complete every ● field using OSHA's Form 301 instructions and this report can serve as your 301 equivalent (29 CFR 1904.29(b)(4)).
- Recordable cases go on the OSHA 300 Log and this form within 7 calendar days (29 CFR 1904.29(b)(3)). Keep both for 5 years after the end of the year they cover (29 CFR 1904.33).
- Near miss with nobody hurt and nothing damaged? Use the one-page near miss report on the last page instead.

Call OSHA, not just your office
Report a work-related death within 8 hours. Report an in-patient hospitalization, amputation or loss of an eye within 24 hours. Call 1-800-321-OSHA (6742), call your nearest OSHA Area Office, or report online at osha.gov (29 CFR 1904.39). State-plan states may have their own rules.

Section 1. The event

Type of event: ☐ Injury ☐ Illness ☐ Near miss ☐ Property damage ☐ Vehicle ☐ Other: _____

● Date of incident	
● Time of incident (check if unknown ☐)	
● Time the employee began work that day	
Site or address	
Exact location on site (area, floor, gridline, equipment)	
Reported by (name and job title)	
Date and time reported	
Supervisor notified (name, date, time)	

Section 2. Person involved

Worker type: ☐ Employee ☐ Temporary / agency ☐ Subcontractor ☐ Visitor / public

● Full name	
● Street address, city, state, ZIP	
● Date of birth	
● Date hired	
● Sex	
Job title	
Phone	
Years in this job / months on this site	

Section 3. What happened

● What was the employee doing just before the incident? Describe the activity and the tools, equipment or material they were using.

● What happened? Tell the story in order: what went wrong first, then what happened next.

● What was the injury or illness? Name the body part and how it was affected (for example, "cut to left index finger", not "hurt hand").

● What object or substance directly harmed the employee?

● If the employee died, date of death	

Witnesses

Name	Phone	What they saw (one line)

Attached: ☐ Photos of the scene ☐ Witness statements ☐ Sketch or diagram ☐ Equipment records

Section 4. Treatment and outcome

Treatment given: ☐ None ☐ First aid on site ☐ Clinic or doctor ☐ Emergency room ☐ Hospital admission

First aid given by (name) and what was done	
● Name of physician or other health care professional	
● If treated away from the worksite: facility name, street, city, state, ZIP	
● Was the employee treated in an emergency room? Yes / No	
● Was the employee hospitalized overnight as an in-patient? Yes / No	

Outcome so far: ☐ Returned to work ☐ Restricted duty ☐ Days away from work ☐ Not yet known

Section 5. Why it happened

Immediate cause: the condition or action that directly led to the event.

Root cause: keep asking "why?" until you reach something you can fix, such as a missing guard, no training, a rushed schedule or the wrong equipment for the job.

Corrective actions

Action (start with the most effective fix)	Owner	Due	Done

Section 6. Recordkeeping check

OSHA reporting: ☐ Not required ☐ Called OSHA within 8 or 24 hours (date and time: _____)

OSHA 300 Log: ☐ Not recordable ☐ Recordable: entered on the 300 Log ☐ Not sure yet: review by _____

● Case number from the OSHA 300 Log	

Privacy concern case (29 CFR 1904.29(b)(7)): ☐ No ☐ Yes: write "privacy case" on the 300 Log, not the name

Lessons shared

Shared with the crew at (toolbox talk or meeting, date)	
Similar tasks or sites checked for the same hazard	

Sign-off

● Completed by	
● Title	
● Phone	
● Date	
Reviewed by (manager or safety lead) and date	

Employees have the right to report work-related injuries and illnesses, and employers may not retaliate against anyone for reporting (29 CFR 1904.35).

Near Miss Report

Nobody hurt, nothing damaged, but it could have been. Takes two minutes.

Date and time	
Site and exact location	
Your name (optional)	

What happened, or what almost happened?

What could have happened if things had gone slightly differently?

What did you do about it, and what still needs fixing?

Supervisor who received this report, and date	

Paper reports get lost in truck cabs. With Safety Team Technologies, a worker files this same report from a phone with a photo and GPS location, and the supervisor gets it in seconds. See safetyteamtech.com/platform/hazard-reporting

General information, not legal advice. Based on federal rules in 29 CFR 1904 as published in 2026. State-plan states may add requirements.