

Incident Report Checklist

Transport & Logistics

AUDIT VERIFICATION

Mention the date

DATE

2017-01-01

Provide Signature

SIGNATURE

FIRST SECTION

Mention date of the incident

DATE

2017-01-01

Mention time of the incident

TIME

-

Mention date and time of the incident reported

DATE

2017-01-01

Mention time of the incident reported

TIME

-

Whom was the incident reported to?

textarea

Mention the location of incident

Mention the Supervisor's name

Mention Supervisor's phone number

If witness(es) was present mention the name(s)

PEOPLE ASSOCIATED

Mention the name of the person(1) involved

Mention the phone

Mention the sex

Male

Female

Mention the age

Mention the job title

Mention the time on job (yrs. & mos.)

Mention job status

full time Part Time Temporary Seasonal

Mention employee disposition status

Returned to Work Modified Duties Sent Home To Doctor To Hospital

Was any medication prescribed?

Yes No NA

TYPE OF INJURY

Provide the name if any first-aid or medical treatment administered.

Mark if Property Damage:

None Minor Serious Major

Upload the photo of damage

UPLOAD

What kind of Property was damaged

NA

Vehicle

Equipment

Private Property

Upload the photo of damage

UPLOAD

Mention the estimated cost of damage

Mention the Vehicle Id

Mention the Make/Model

Provide detailed description of the incident.(include environmental conditions at time of incident)

textarea

Upload environmental photo

UPLOAD

What are the underlying causes/factors for the injury?

textarea

Upload image of the contributing factors

UPLOAD

What are the corrective action (mention the detail description of action and persons responsible for action)

textarea

Select the nature of the potential for severity.

Minor

Serious

Major

What might have happened potentially?

textarea

What is the chance of reoccurrence?

Remote

Improbable

Probable

Describe the nature of injury

textarea