Incident and Accident Report Form

Human resources · Event-based

Incident details

Business name

Date / time

Reported by

Person involved

Location (kitchen / dining area / checkout)

Witness

Response

Question	Yes	No	Initials	Notes
Was first aid provided?	☐	☐		
Was the manager informed?	☐	☐		
Was the person referred to a healthcare facility if needed?	☐	☐		
Was hazardous equipment stopped?	☐	☐		
Was the area made safe?	☐	☐		
Was a record made if a guest was affected?	☐	☐		

Description of the incident (observation)

Action and precautions taken

Signature

Signature of person reporting	Manager signature	Time

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.