HSE INCIDENT REPORT FORM

Initial Incident Notification & Factual Event Record

Doc Title	Doc Reference	Revision	Effective Date	Report Status
HSE Incident Report Form	THV-HSE-TMP-001	00		Initial / Final

1. INCIDENT CLASSIFICATION

Type of Event (Select all that apply):

☐ Injury / Illness
☐ Near Miss
☐ Property / Equipment Damage
☐ Environmental Incident
☐ Fire / Emergency
☐ Vehicle / Traffic Incident
☐ Security Incident
☐ Other: _____

Initial Severity Classification:

☐ Minor
☐ Moderate
☐ Serious
☐ Major / Critical
☐ To Be Determined

Reportable Event? ☐ Yes ☐ No ☐ To Be Determined *(Note: Classifications are for internal tracking and initial response management)*

2. INCIDENT & LOCATION INFORMATION

Incident Date:		**Incident Time:**	
Date Reported:		**Time Reported:**	
Exact Location:		**Project / Site:**	
Work Area / Dept:		**Contractor / Employer:**	
Supervisor in Charge:		**Person Reporting:**	
Contact Info (Reporter):			

3. WORK ACTIVITY & OPERATIONAL CONTEXT

Work Activity Performed:		**Task / Operation Details:**	
Equipment / Tools Involved:		**Work Shift / Time in Shift:**	
Number of Persons Present:		**Permit / Authorization Ref:**	

Brief Description of Work Activity Context:

4. PERSON(S) INVOLVED

Full Name	Employer / Company	Job Title / Role	Age (Optional)	Contact / ID Reference

Person Directly Involved / Primary Contact: _____

5. INJURY / ILLNESS DETAILS

Was anyone injured or affected? ☐ Yes ☐ No (If Yes, complete details below)

Injured Person Name:		**Injury / Illness Type:**	
Body Part Affected:		**First Aid Provided?**	☐ Yes ☐ No
Medical Treatment Required?	☐ Yes ☐ No	**Medical Facility Name:**	
Work Restriction / Lost Time:	☐ Yes ☐ No ☐ TBD	**Current Status of Person:**	

Treatment Provided / Initial Medical Response Summary:

6. PROPERTY / EQUIPMENT / MATERIAL DAMAGE

Was there property, equipment, vehicle, or material damage? ☐ Yes ☐ No

Item / Equipment / Structure	Description of Damage	Estimated Damage / Cost (If Known)

Additional Damage Information / Operational Impact:

7. ENVIRONMENTAL IMPACT

Did the incident result in an environmental impact? ☐ Yes ☐ No ☐ To Be Determined

Environmental Impact Categories:

☐ Spill / Chemical Release
☐ Waste / Hazardous Release
☐ Air Emission / Dust
☐ Wildlife / Vegetation Impact
☐ Water / Soil Contamination
☐ Other: _____

Specific Impact Fields:

Material/Substance: _____
Approx. Quantity: _____
Area / Extent Affected: _____
Immediate Containment: _____

Environmental Impact Description & Immediate Cleanup Action:

8. INCIDENT DESCRIPTION (FACTUAL SEQUENCE)

Describe what happened in factual sequence. Include the activity being performed, exact location, people involved, equipment or materials involved, and events immediately before, during, and after the incident. Avoid assumptions or unsupported conclusions.

9. IMMEDIATE ACTIONS TAKEN

Immediate Response Checklist (Select all completed):

☐ Work stopped / area made safe	☐ Equipment isolated / locked out	☐ Client / Management notified
☐ Area isolated / barricaded	☐ HSE Department notified	☐ Emergency services contacted
☐ Supervisor notified	☐ Medical assistance requested	☐ Damaged equipment removed
☐ First aid provided	☐ Spill contained / absorbed	☐ Other: _____

Details of Immediate Actions Taken & Current Site Condition:

10. WITNESS INFORMATION

Witness Name	Employer / Company	Job Title / Role	Contact Information	Statement Taken?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Witness Statement Summary / Key Observations:

11. INITIAL OBSERVATIONS & CONTRIBUTING FACTORS

Record observable conditions or potential contributing factors identified during the initial review. This section should not replace a formal incident investigation or root cause analysis.

☐ Unsafe physical condition	☐ Work planning / risk assessment issue	☐ Other: _____
☐ Environmental condition (weather/light)	☐ Cause not yet determined	☐ Communication gap
☐ Supervision / oversight issue	☐ Equipment / tool defect or failure	☐ Training / competency concern
☐ Unsafe act / behavior	☐ Procedure / instruction issue	

Initial Observations & Contextual Comments:

12. INITIAL CORRECTIVE & FOLLOW-UP ACTIONS

No.	Corrective / Immediate Action Description	Responsible Person	Target Date	Status	Closeout Date
1				Open	
2				Open	
3				Open	
4				Open	
5				Open	
6				Open	

13. SUPPORTING EVIDENCE & ATTACHMENTS

☐ Photographs of Scene/Damage	☐ Witness Statements attached	☐ Sketch / Site Diagram
☐ CCTV / Video Footage	☐ Equipment / Tool Calibration Logs	☐ Work Permit / Authorization Copy
☐ Inspection / Maintenance Records	☐ Risk Assessment / JSA Reference	☐ Other: _____

Attachment Reference Numbers / File Names: _____

14. REPORT NOTIFICATION & SIGN-OFF

Role / Authority	Name	Signature	Date
Immediate Supervisor			
HSE Representative / Officer			
Project / Department Manager			

Further Formal Investigation Required? ☐ Yes ☐ No ☐ To Be Determined

If Yes, Investigation Reference / Lead Investigator Assigned To: _____

15. FINAL REVIEW & REPORT CLOSEOUT

Report Reviewed By:		**Position / Title:**	
Review Date:		**Follow-up Required?**	☐ Yes ☐ No

Additional Review Comments / Management Instructions:

DISCLAIMER & USAGE NOTICE

This template is provided as a practical HSE management aid and should be reviewed and adapted to the organization's activities, applicable legislation, regulatory requirements, contractual requirements, and site-specific conditions. It does not replace formal incident investigation, reporting, or legal notification requirements where applicable.