Environmental Health and Safety
Incident/Potential Hazard Report Form

Document No. __________

☐ Incident Report  ☐ Possible Hazard Observed

Report Information:
Reported/Observed By: __________________________________________ Date:

Department: __________________________ Mail Stop: __________ Phone:

Date Observation/Incident: ___________ Time: ___________ AM PM

Exact Location: (Building, room, street, etc.):

Description of Incident/Potential Hazard:

Information Taken By: ________

Investigation Information:
Investigated by: __________________________ Date:

Property Damage:

Person(s) involved:

Actions Taken by Investigator (at the time of investigation):

Investigator’s or EHS Departmental Recommendations for Prevention and/or Corrective Actions:

Follow-up Information ☐ or Outcome ☐

For EHS Dept Use Only:
Internal Routing: PM
GS_KD_BS_SR_MR

Date Entered into Database (Initial):

Incident/Hazard Code (See Below)

Follow-up Date:

Date Report Closed:

Location Filed:

Incident/Hazard Codes (I/H Codes)
Fall  TS  Chem  Bio  Fire  IAQ  Ergo  Const  Misc  OAQ  EE  WQ  Al/AccInv  Noise  Elec  Strk (Struck by)