BUILDINGWRENCH

FACILITY INCIDENT INITIAL REPORT

Capture facts quickly after a facility incident without assigning blame.

INCIDENT INFORMATION

Date / time	Location	Reported by	Facility lead
_____	_____	_____	_____
Incident type	Emergency services called?	Area restricted?	Operations affected?
_____	[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N

FACTS & INITIAL ACTIONS

What was observed / reported	Immediate actions taken
People / areas affected	Photos / video / evidence preserved

FOLLOW-UP

Notifications made	WO / claim / case #	Assigned owner	Next update
_____	_____	_____	_____

For injuries, environmental releases, security events or regulated incidents, follow your organization's reporting procedures and applicable legal requirements.