

Incident Log Form

Date: _____

Reported by: _____

Phone: _____

Date of occurrence: _____

Time: _____

Location: _____

Description of incident:

If injury, detailed description of injury:

Describe action or steps taken at time of incident:

Witnesses (if present):

1) _____

Signature

Phone Number

2) _____

Signature

Phone Number

Signature of Incident Reporter

Please submit to the Production Manager, Stage Manager, or Building Supervisor.