

Incident Report Approval and Sign-Off Sheet

Incident Details

Incident ID
Date & Time of Incident
Location
Reported by
Type of Incident

Summary of Incident

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Corrective/Preventive Actions

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Approval and Sign-Off

Name	Department	Role/Title	Signature	Date
		Report Preparer		
		Supervisor/Manager		
		Department Head / Safety Officer		

Important Notes

- Ensure all details provided are accurate and complete before obtaining signatures.
- This document must be retained as an official company record.
- Each signatory is responsible for reviewing the report contents prior to signing.
- Unapproved or incomplete forms may not be accepted for official processes.
- Keep a copy for your records after all approvals are obtained.