# Retail Store Incident Report Form (US)

Safety & Compliance | US

| DATE OF INCIDENT | TIME | STORE NO. / LOCATION | REPORT COMPLETED BY |
|---|---|---|---|
| ____ / ____ / _____ | | | |

| | DETAILS |
|---|---|
| **Incident type** | |
| **Person(s) involved — name(s)** | |
| **Customer or associate?** | |
| **Location in store** | |
| **Description of what happened** | |
| **Injuries sustained (if any)** | |
| **First aid / EMS provided** | |
| **911 called?** | |
| **Witness 1 — name and contact** | |
| **Witness 2 — name and contact** | |
| **Surveillance footage saved?** | |
| **Immediate actions taken** | |
| **OSHA recordable?** | |
| **Follow-up required** | |
| **District / area manager notified** | |
| **Reporter signature** | |

**Notes**

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This template is a general-purpose resource, not tailored to any specific jurisdiction. Each organisation must validate compliance with local regulations.

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