

Tool 25 – Incident Learning Form

Complete This Form

Completed and customized by the manager. Build a job-specific checklist that employees can follow consistently. Check each box and fill in the steps for the position.

Purpose

The purpose is to learn from the incident — not to assign blame.

SECTION 1 - EMPLOYEE INFORMATION

Employee Name:

Job Title:

Department:

Date:

Supervisor's Name:

SECTION 2 – THE INCIDENT

Describe what happened

Write here

What task were you performing?

Write here

What did you think was supposed to happen?

Write here

What actually happened?*Write here*

What task were you performing?☐ Yes ☐ No**Was any equipment or property damaged?**☐ Yes ☐ No**Was a customer affected?**☐ Yes ☐ No

SECTION 3 - UNDERSTANDING

What information do you think was missing?

Write here

What part of the task was confusing?

Write here

Did you make any assumptions?

Write here

Looking back, what should have been explained better?

Write here

SECTION 4 - LESSONS LEARNED

What did you learn from this incident?

Write here

What would you do differently next time?

Write here

What advice would you give another employee?*Write here*

What changes could help prevent this from happening again?*Write here*

Who should know about what you learned?

- ☐ My Supervisor
- ☐ My Team
- ☐ My Department
- ☐ The Entire Company
- ☐ Not Sure

Additional Comments (Optional)

Write here

SECTION 5 - SIGNATURE

Employee Signature

Sign by hand after printing, or type your name in the field above.