Incident Report

This form must be completed by senior management and/or a supervisor whenever an incident occurs. An investigation of the occurrence must then be completed. A copy of the completed investigation report must also be forwarded to the OH&S Committee/Worker Health and Safety Representative.

Incident Category (Check all that apply)
□ No Injury (Near Miss)
□ First Aid Injury
□ Medical Aid Injury
□ Lost Time Injury
□ Fatality
□ Illness
□ Property Damage
□ Hazardous Materials Spill
□ Motor Vehicle Accident

Incident Specifics		
Location of Incident:		
Supervisor:		
Date of Incident:	Time of Incident:	am/pm
Date Reported:	Time Reported:	am/pm
Reported to:		
Weather at Time of Incident		
Temperature:	Wind:	
Precipitation:	Visibility	
Additional Details:		

Employee Information			
Employee Name:	Age:	Sex:	SIN:
Home Address:	Occupation:		
	Length of Employment:		
	Home Phone Number:		

Incident/Accident Information		
Description of Incident/Accident:		
Nature of Incident:		
Body Part(s) Affected:		
Physician Name:	Hospital Name:	
Physician/Hospital Address:		
Employee Left Work: Date:	Time:	# Days Off:
Equipment/Vehicle/Property Involved:		
Description of Damage:		

Witness	Occupation	Contact Information	Statement Attached
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Remedial Measure Taken By Supervisor

☐ Form 6 (Worker's Report of Injury) provided to employee (if required)
☐ Form 7 (Employer's Report of Injury) completed and sent to WHSCC within 3 days of injury (if required)
☐ Form 8/10 (Physician's Report of Injury) returned to employer as soon as possible (if required)
☐ ESRTW Plan Developed & Submitted to WHSCC within 5 days of receipt of Form 8/10 (if required)
☐ Witness statements attached (if required)

Report Sign Off	
Report Completed By:	
Signature:	Date

Supervisor:	Title:
Signature:	Date

REPORT FORM DEFINITIONS

No Injury (Near Miss): *an undesired event that, under slightly different circumstances, could have resulted in personal injury, property damage or loss.*
First Aid Injury: *a minor injury requiring only first aid treatment.*
Medical Aid Injury: *an injury requiring treatment by a health care professional.*
Lost Time Injury: *a disabling injury where the injured person is unable to report for the next regular shift.*
Illness: *unhealthy condition in mind or body.*
Property Damage: *accidental loss to equipment, material, and/or the environment.*
Motor Vehicle Accident: *incident that occurred while operating or as a passenger of a motor vehicle*

Last Revised: January 20, 2015