

Incident Report Form

Date of notification:		Location:	
Name of person reporting:			
Involved person's name:			
Gender	Male	Female	Date of Birth
Address of involved person:			
Incident Involving:	Worker	Contractor	
Date of Incident	/ /	Time of incident	: AM / PM
Was the Incident a:	Near Miss	Injury	
Describe what happened:			
What was the type of injury (e.g. cut, sprain, burn etc) that was or could have been sustained?			
Witnesses or first on scene (names and contact numbers):			
FILL OUT THE HIGHLIGHTED SECTION IF SOMEONE WAS INJURED			
What first aid / medical assistance was given to the injured person?			
Nil	First Aid	Doctor/Hospital	
What happened next? (✓ appropriate response or write in Additional Comments)			
Transported out by:	Immediate return to duties (<1 hour lost time)		
Ambulance	1-4 hours lost time due to injury		
Co-worker	4-8 hours lost time due to injury		
Other (List in Additional Comments)	Greater than 8 hours lost time due to injury		
Additional Comments:			
Incident Investigation: What appears to have caused the incident?			
Written procedures not followed	Not physically able to undertake task		
Not trained / competent in the task	Poor workplace / process design		
Poor Work Practice	Poor housekeeping	Faulty Equipment	
Rushing	Distracted	Lack of Communication	
Other (List)			
Preventative Measures: What can be done to prevent this from happening again?			
Is a JSA/SWP Required?	Yes	No	
Is additional training required? (list in Other Comments)	Yes	No	
Other Comments:			

If this incident could happen again and cause an injury a Hazard Report must be completed