**INCIDENT REPORT**

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| **1. Name(s) and job position(s) of injured person**: (One form per person) | | | | | | | **2. Date of report**: |
| **3. Exact location of incident (location, area of location, etc.)**: | | | | **4. Date and time of incident**: | | **5. Date of hire:** | |
| **6. Date and time work shift started/date and time work shift was scheduled to end:** | | | | | | | |
| **7. Type(s) of injuries (contusions, lacerations, fractures, strain/sprain, etc.)**: | | | **8. Body part(s) affected (back, head/neck, hands, eyes, ankle, internal, etc.)**: | | | | |
| **9. Briefly identify incident cause(s) (slip, trip, fall, caught in/ between, struck by/against, over-exerting/ lifting, bites, contact with, etc):** | **10. Describe in full how the incident occurred (what was employee doing just before incident, when incident occurred, just after incident occurred; mention machine and equipment involved).** | | | | | | |
| **11. Did employee stop work immediately?** | **12. What job/activity was employee performing at the time of the incident?** | | | | | | |
| **13. Identify who provided First Aid/CPR to victim**: | | **14. Identify additional care provided to**  **victims (air, ambulance, hospital, etc.)**: | | | **15. Employee’s signature:** | | |
| **16. Identify witnesses to incident (list names/phone numbers)**: | | **17. Person completing report name and signature:** | | | **18. Immediate Supervisor’s name and signature**: | | |
| **19. Dept. Head/Superintendent name and signature:** | | | **20. Date** | | |
| **Comments:** | | | | | | | |

**INCIDENT INVESTIGATION REPORT**

Name of injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. Describe incident in detail (tasks being performed, tools/equipment being used, etc.); include/attach comments from witnesses**: |
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| **2. Identify unsafe behaviors/conditions which existed at time of incident (weather, malfunctioned tools/equipment, changes in**  **operations/activities, new personnel, employee not fit for work, etc.)**: |
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| **3. Identify unsafe behaviors/conditions previously identified but not corrected (JSAs, safety meetings, etc.), including unfit for work**: |
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| **4. Identify PPE required for activity associated with this incident, and whether or not personnel were wearing PPE (properly)**: |
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| **5. Identify cause or causes for incident:** |
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| **6. Identify what steps you will take to prevent incident from occurring again**: |
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Name of injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Investigating (Page 2)**

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| **7. Witness Statements: (Obtain name, telephone number, information relating to questions 17 – 22)**  **Attach original witness statements.** | | |
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| **Superintendent’s Name**: | **Signature**: | **Date**: |
| **Dept. Head’s Name**: | **Signature**: | **Date**: |
| **Safety Officer’s Name**: | **Signature**: | **Date**: |
| **Operation Manager’s Name**: | **Signature**: | **Date**: |