**INCIDENT/ACCIDENT REPORT**

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| This report relates to**:**  Accident  Incident  Near Miss |

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| **Incident Classification: Please “tick” on one or more the classifications below:**  Safe Systems of Work  Process Safety  Personal Safety  Health  Environment    Driving  Other |

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| **Incident Severity and Consequence:**  Major Incident  First Aid Only  Process/system failure  Fire/Explosion  High  potential incident  Restricted work Vehicle Accident  OSHA non-compliance  Property Damage  Day(s) away from work due to injury/illness  Leak  Medical  Treatment required  Impact to reputation  Business Interruption |

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| **DATE OF INCIDENT** |  | **TIME:** |  |
| **COMPANY NAME:** |  | **Location on the site** |  |
| **Name of Employee** |  | **Name of Supervisor** |  |

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| **For All Incidents: Reports were made to:**  Occupational Safety & Health Agency  Yes  No  Environmental Management Authority  Yes  No  Police Service  Yes  No |

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| Description of Incident: (if additional space is required, please attach to this report) |

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| Response to Incident: |

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| Immediate Action(s) taken to prevent reoccurrence: |

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| Root Cause Investigation Initiated  Yes  No | |
| Investigation Leader: | |
| Prepared by: | Date: |
| Signature: | |