**Incident Report Form Sample**

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| Incident Date: Incident Time: |
| Type of incident: (check one) Serious  Non-serious  Dangerous Occurrence |
| Name of Person reporting incident: |
| Injured Person Name: |
| Injured Person’s Work Area/Department: |
| Injured Person’s Supervisor |
| Injured Person’s Address: |
| Injured Person’s Phone Number: |
| Injured Person’s Date of Birth: |
| Name of Eyewitness(es): |
| Details of the Incident: |
| Description of injury:  Chemical:  Biological:  Physical:  MSI:  Psychosocial:  Non-Injury (Explain):  Explain in Detail: |
| Body Part(s) Injured: |
| Details of first aid/care provided on site: emergency responder involved yes  no |
| Hospitalization required: yes  - If yes, it meets serious incident criteria no |
| Notification to:  Supervisor  Date: Name:  Health and Safety Coordinator  Date: Name:  Family  Date: Name:  Workplace health and Safety  if it meets serious incident criteria  Other |
| Investigation of incident: (supervisor/safety coordinator to complete)  See details of the incident investigation - Incident Investigation Form (attached) |
| Recommendations/ follow up actions: (describe in detail) |
| Corrective Actions Completed:  Date: Completed> |
| Report reviewed by Management: (provide signature) Date:  Report submitted to Committee Co-chair(s) for information and follow up where required – Date: |

*Ethelinda Padua 2022,Documentation & Reporting SAFE-1032*