

Incident Report

Your Business Name: _____

Report No. _____

What Happened?

Immediate Actions Taken To Prevent Further Harm

Incident Type (Choose One)

Note: A lost time injury occurs when a doctor states the person would be unable to work the next day.

No Injury		Injury			
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property Damage	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Fatality

Incident Details

Incident Date:	Incident Time:	Reported Date:	Reported Time:
Reported By:		Reported To:	
Location (where did it occur):			
Regulator Notification Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Regulator Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Person(s) Injured or Involved in Incident	Property Damaged
Job title	Nature of Damage
Experience (years)	Estimate of Cost
Body Part Injured	Object/Equipment/Substance Inflicting Harm
Nature of injury or illness	Witness(es)

Risk Potential

If this happened again, what realistically is the worst outcome that could occur

Chances of the incident happening again Often Occasional Rare

No Injury		Injury			
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property Damage	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Fatality

Other Comments