SAMPLE INCIDENT REPORT

For Internal Use This form must be completed within 24 hours of the Supervisor learning of the incident

□ Injury: □ First Aid □ Medical Aid	□ No Injury	□ Hazardous Situation

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Who was hurt? □ Employee □ Visitor □ Contractor □ Other	Last name:	First Name:	Phone or Extension:
	Job Title:	Department:	Supervisor:
	Date & Time of Incident:	Date Reported:	Type of Incident: □ Slip*, trip or fall □ Struck by / against object □ Over exertion □ Repetitive strain □ Electrical contact □ Exposure to hazardous material □ Other (describe)

Description of Incident:

*If this was a SLIP, describe footwear:

Witnesses to the incident: (names and phone numbers)	

What was the injury (indicate what part of the body):

Did you see a medical professional? □ Yes □ No If YES, please provide name, address and phone number:	Treatment of Injury: □ First Aid □ Walk-in Clinic □ Family Doctor □ Emergency Room □ Other (describe) _____

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Contributing Factors: What conditions contributed to the incident?

□ Unsafe equipment	□ Inadequate illumination	□ Not or improperly guarded	□ Hazardous environment
□ Insufficient training	□ Improper position/posture	□ Insufficient care	□ Infraction or unsafe practice
□ Failure to use PPE	□ Operating without authority	□ Failure to lockout	□ Other (Explain)

Explanation of contributing factors:

Details of property damage (if any):

To your knowledge, has the employee had a previous similar injury or has this similar hazard been reported before? □ Yes □ No □ N/A

Corrective Measures: Actions taken to prevent a reoccurrence (more than one item may apply):

□ Request job safety analysis	□ On-the-job training	□ Perform housekeeping	□ Review PPE
□ Improve work procedure	□ Check with manufacturer	□ Re-training of person(s)	□ Constructive Discipline
□ Repair or replace equipment	□ Install safety guard/device	□ Reassignment of person	□ Other (Explain)

Explanation of corrective measures:	

Signature of Employee Reporting Incident:	**Date:**	**Signature of Supervisor:**	**Date:**