SAMPLE INCIDENT REPORT

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

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| □ 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)
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| Description of Incident: |
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| \*If this was a SLIP, describe footwear: |
| Witnesses to the incident: (names and phone numbers) |  |
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| What was the injury (indicate what part of the body): |
| Did you see a medical professional? □ Yes □ NoIf YES, please provide name, address and phone number: | Treatment of Injury:* First Aid □ Walk-in Clinic
* Family Doctor □ Emergency Room
* Other (describe)
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| **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: |  |
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| Details of property damage (if any): |  |
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| 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: |  |
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| **Signature of Employee Reporting Incident:** | **Date:** | **Signature of Supervisor:** | **Date:** |