



INCIDENT REPORTING - FORM

INCIDENT TYPE:

NEAR MISS DAMAGE/THEFT INCIDENT/ACCIDENT OTHER: _____

Date of Incident: _____ Time: _____

Worker(s) Involved? : _____

Location of Incident: _____

DETAILS OF INCIDENT:

What Happened? : _____

What Was the Immediate Cause? : _____

Were Safe Work Practices/Procedures Followed? Yes No N/A

PREVENTION OF REOCCURANCE:

How Could This Be Prevented? : _____

INJURY:

Was An Injury Sustained? YES NO If Yes, Describe Injury: _____

Was First Aid Given? YES NO If Yes, Name of First Aider: _____

Describe First Aid Provided: _____

**First Aid Copy Provided to Worker: _____ Copy Refused: _____ Worker Initial: _____

Reported By: _____ Date: _____

Reviewed By: _____ Date: _____