## HEALTH AND SAFETY INCIDENT REPORT FORM

| The incident |
| --- |
| Reported by | Department |
| Email | Phone | Ext |  |
| Date of occurrence | Time |
| Exact location |
| Accident □ | Incident □ | Near miss □ | Violence□ | Ill health □ | Safety □ |
| What happened? Report any details that may have contributed to the incident (i.e., poor lighting). Use additional paper as necessary and attach to the form. |
|  |
| Describe the outcome: harm/health effects/damage. |
|  |
| Describe corrective measures taken to address immediate hazards related to incident. |
|  |

| The affected person |
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| Worker other: (i.e., visitor, contractor) | Name |
| Address | Date of birth |
| Email—work: | Email—home |
| Employer’s name if other than worker | Address | Phone |
| Witness details |
| Names(s) and contact information | Names(s) and contact information |
| First aid |
| First aid provided: Yes No N/A Time of attendance: By whom: Contact information:Details of provision: |

| Post incident |
| --- |
| Where did the person involved in the incident go next?  To the Hospital Home Returned to Work Other |
| Was a member of the joint health and safety committee notified of the incident? Yes NoName: |
| Additional notes: |