## 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 | | | |
| --- | --- | --- | --- |
| 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 No  Name: |
| Additional notes: |