**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) |
|
| Description of Incident: |
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|   |
| \*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): |
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| --- | --- |
| 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** |

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| **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): |   |
|   |
|   |
|   |
| 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:** |
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