**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: | | | |
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| Witnesses to the incident: (names and phone numbers) | |  | | |
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| What was the injury (indicate what part of the body): | | | | |
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| Did you see a medical professional? □ Yes □ No If 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): | | |  | | | | | | | |
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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:** |
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