

Incident Report Form

To report incidents, failures, near accidents, hazardous situations and breaches of privacy.

To be completed by employee/worker involved in the incident **or** by the person who recognized the hazard or breach of security.

Type of Event or Condition		
Check Box	Event/Condition	Definition
	Hazard	Anything that exists or may exist that has a potential for causing loss (physical, environment, education)
	Near Miss	An occurrence that could have resulted in an accident
	First Aid	A worker utilized first aid equipment and/or services but medical attention from a Physician was not required
	Medical Aid	A worker required medical attention from a Physician, but did not require time off after the date of the occurrence
	Lost Time	An incident leading to a worker requiring time off beyond the date of occurrence
	Minor Damage	Property damage of less than \$300
	Major Damage	Property damage greater than \$300
	Privacy Breach	Documentation/information not being handled to protect an individual's privacy
Nature of Incident:		
<input type="checkbox"/> Personal <input type="checkbox"/> Automotive <input type="checkbox"/> Environmental <input type="checkbox"/> Information/reputation		
Particulars of Event or Condition		
Employee Name:		
Position or Department:		Manager:
Date and Time of Incident:		Location of Incident:
Description of event, injury or breach of security:		

Reporting
Who was occurrence reported to:
When was occurrence reported (Date and Time):
Name of attending first aider:
First aid supplies used:
If transported for medical treatment, provide name and location of facility and attending physician (if known):

Employee Signature: _____

Date: _____

Office use only						
Date received by management:				Will an investigation be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Management Signature:						
Hazard Category (check one only)						
<input type="checkbox"/> Stepping/Handling/Lifting/ Falling objects/Weight	<input type="checkbox"/> Electrical	<input type="checkbox"/> Land Transport				
<input type="checkbox"/> Machinery/Equipment/Hand Tools	<input type="checkbox"/> Fire/ flammable	<input type="checkbox"/> Air transport				
<input type="checkbox"/> Toxic/corrosive/hazardous substances	<input type="checkbox"/> Temperature	<input type="checkbox"/> Water transport				
<input type="checkbox"/> Nuisance/noise	<input type="checkbox"/> Explosives					
<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Radiation					
<input type="checkbox"/> Human (Security, crime, terrorism)	<input type="checkbox"/> Pressure					
<input type="checkbox"/> Biological hazard/illness	<input type="checkbox"/> Vibration					
<input type="checkbox"/> Natural phenomena						
Risk Classification						
Indicate the Exposure from A-E and the Potential Severity from Light to Multi-Catastrophic. The risk classification (Low, Medium, High) will result.						
Shaded Areas represent unacceptable levels of risk where action is required to avoid or reduce the risk.						
Exposure		Potential Severity				
Very High: More than weekly occurrence at your site	E					
High: More than annual occurrence	D					
Medium: May occur annually at location	C					
Low: Known to have occurred	B					
Very Low: Not known to have occurred	A					
		1	2	3	4	5
		Light	Serious	Major	Catas.	Multi-catas

Root Cause Analysis

Who, What, Why, When, Where, How:

Corrective Action

For cases where no investigation is required, enter the necessary corrective actions below.

Item #	Action Item	Person Responsible	Target Date	Completion Date	Remarks
1					
2					
3					
4					

Additional Notes:

Signatures of additional contributors to the completion of form:
