#### Incident Report Form

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| **Step 1:** |
| **This is a report of a:****Injury:** ❑First Aid ❑Health Care **Non-Injury:**❑Hazard ❑Near Miss❑ Lost time occurred ❑ Facilities related only  |
| Date/Time of Incident: | Name of Person Involved: |
| Date Reported: | Reported To:If there is a delay in reporting, explain why: |

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| **Step 2:** |
| **Type of Incident:**❑ Struck/caught❑ Overexertion❑ Repetition❑ Slip/Trip/Fall❑ Exposure to harmful substance❑ Workpalce violence❑ Spill❑ Flood❑ Fire/explosion❑ Other: | **Nature of injury:** ❑ Abrasion, scrapes❑ Amputation❑ Broken bone❑ Bruise❑ Burn (heat)❑ Burn (chemical)❑ Concussion (to the head)❑ Crushing Injury❑ Cut, laceration, puncture❑ Hernia❑ Illness❑ Sprain, strain ❑ Damage to a body system ❑ Other: **Describe the illness/injury and part of body involved:** | **Details of Incident:**Description continued on attached sheets: ❑ |
| **Was the incident:**❑ Sudden event/occurrence❑ Gradually occurring over time❑ Occupational Disease❑ Fatality❑Other: |
| **Where was the incident:**❑TBRHSC❑ ICR Discoveries**Exact Location:** |

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| **Step 3:**  |
| Were there any witnesses (name all): |
| **Number of attachments**:  | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)? |
| **Unsafe workplace conditions: (Check all that apply)**❑ Inadequate guard❑ Unguarded hazard❑ Safety device is defective❑ Tool or equipment defective❑ Workstation layout is hazardous❑ Unsafe lighting❑ Unsafe ventilation❑ Lack of needed personal protective equipment❑ Lack of appropriate equipment / tools❑ Unsafe clothing❑ No training or insufficient training❑ Other:  | **Unsafe acts by people: (Check all that apply)**❑ Operating without permission❑ Operating at unsafe speed ❑ Servicing equipment that has power to it❑ Making a safety device inoperative❑ Using defective equipment❑ Using equipment in an unapproved way❑ Unsafe lifting❑ Taking an unsafe position or posture❑ Distraction, teasing, horseplay❑ Failure to wear personal protective equipment❑ Failure to use the available equipment / tools❑ Other: |
| Why did the unsafe conditions exist? |
| Why did the unsafe acts occur? |
| Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No |
| Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No |
| Are you aware of a pre existing condition or injury? ❑ Yes ❑ No |

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| **Step 4:**  |
| **What recommendations would you make to prevent this incident(s) from reoccurring?** ❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy  ❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other:  |
| What should be (or has been) done to carry out the suggestion(s) checked above?Description continued on attached sheets: ❑ |

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| **Step 5:**  |
| Written by: Signature: Employee Signature:   | Title: Date:Date: |