#### 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: |