

Incident Report Form



The incident

Date & time occurred:

Person reporting incident:

Location incident occurred:

Date & time reported:

Department:

Accident
 Incident

Harm
 Minimal or No Harm
 Near Miss

Property
 Ill Health
 Safety

The affected person

Name:

Employee Volunteer Client

Was first aid provided? Yes No

By whom?

Police Notified? Yes No N/A

Name & badge number:

EMS called?

Yes No N/A

Next of Kin / Emergency Contact Person called?

Yes No N/A

Department:

Other:

Details of first aid provision:

Time of arrival:

Name of hospital:

Name & number of ECP:

Witness / third party contact information

Name(s) and contact information:

Name(s) and contact information:

What happened? Describe all the factors that contributed to the incident occurring (i.e. poor lighting, weather conditions, broken equipment). Use additional paper as necessary and attach to form.

Describe any injuries, damage, or other outcomes that occurred as a result of the incident.

What follow up was done by you? In the case of damage, include pictures if any. Indicate who you reported the incident to and when.

Post incident

OFFICE USE ONLY

Incident reported to: _____ Date: _____

This incident triggered the following further processes:

Disclosure Client complaint Falls prevention None required

WSIB notified Supervisor follow up Other: _____

Incident recorded in CIMS? Yes No N/A

Staff time lost due to incident: _____

Supporting documents included? Yes No

Pictures available/included: _____