

Incident Report - Form

Type of Incident:

Near Miss Medical Treatment Case Other Significant Event First Aid Case

If Medical Treatment Case, where was treatment obtained?

Work site Details:

Project Location: _____

Project Manager: _____

Incident Details:

Day: _____ Date: ____ / ____ / ____ Time: _____

Injured Person: _____ Male Female

Type of injury: _____

Body part injured: _____

Location of incident: _____

Witness/s: _____

Task undertaken by injured party: _____

What safety instructions and/or training were given prior to project? _____

What Personal Protective Equipment (PPE) was injured person wearing at time of incident? _____

Describe the incident, identifying the cause: _____

Incident Action Details:

What action(s) has been taken at the work site level to prevent a recurrence?

Date action(s) implemented:

Did the injury relate to a pre-existing injury or medical condition?

Yes No

If 'Yes', was this condition disclosed to the group?

Yes No

Was an appropriate entry made in the Register of Injuries?

Yes No

Further action recommended by Project Manager:

Signed:

Date:

/ /

Injured person (Please print):

Signed:

Date:

/ /

Project Manager (Please print):

Reported to Committee Meeting held on:

Date:

/ /

What action(s) has been taken at the work site level to prevent a recurrence?

Comments:

Signed (Chairperson):

Date:

/ /
