

# Sample Incident Report

Occupational Health and Safety Division



This form must be completed within 24 hours of the Supervisor learning of the incident.

## For Internal Use

Injury:  First Aid  Medical Aid  No Injury  Hazardous Situation

## Incident Details

 This section to be completed by the employee.

Who was hurt?  Employee  Visitor  Contractor  Other

Full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Job title: \_\_\_\_\_

Company/organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ Date reported: \_\_\_\_\_

Type of Incident:  Slip\*, trip or fall  Struck by/against object  Over exertion  
 Electrical contact  Exposure to hazardous material  Repetitive strain  
 Other (describe) \_\_\_\_\_

### Description of incident

\*If this was a **slip**, describe footwear: \_\_\_\_\_

Witnesses to the incident (names and phone numbers)

\_\_\_\_\_

What was the injury (indicate what part of the body)

\_\_\_\_\_

Did you see a medical professional?  Yes  No If yes, provide name, address and phone number.

\_\_\_\_\_

Treatment of Injury:  First Aid  Family doctor  Walk-in clinic  Emergency room  
 Other (describe) \_\_\_\_\_

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**Incident Findings** This section to be completed by the supervisor.

**Contributing Factors** What conditions contributed to the incident?

- Unsafe equipment
- Improper position/posture
- Failure to lockout
- Insufficient training
- Operating without authority
- Hazardous environment
- Failure to use PPE
- Not or improperly guarded
- Infraction or unsafe practice
- Inadequate illumination
- Insufficient care
- Other (explain): \_\_\_\_\_

Explanation of contributing factors

Details of property damage (if any)

To your knowledge, has the employee had a previous similar injury or has this similar hazard been reported before?  Yes  No  N/A

**Corrective Measures** Actions taken to prevent a reoccurrence (more than one item may apply)

- Request job safety analysis
- Check with manufacturer
- Reassignment of person
- Improve work procedure
- Install safety guard/device
- Review PPE
- Repair or replace equipment
- Perform housekeeping
- Constructive discipline
- On-the-job training
- Re-training of person(s)
- Other (explain): \_\_\_\_\_

Explanation of corrective measures

**Signatures** This section to be completed by employee and supervisor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of employee reporting incident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of supervisor