



Health and Safety

Incident Reporting Form

Staff who have been part of or witnessed an incident where someone was or could have been injured should complete this report as soon as possible. Upon completion, make 3 copies: 1 copy - to your supervisor, 1 copy - to your Workplace Joint Health & Safety Committee, 1 copy for your union, and you keep the original. This form can be filled out electronically and saved. However, if it's a paper version, PLEASE PRINT.

Identifying Information

| | | |
|---|--|---------------------------------|
| Name: | Local: | Date (d/m/y) ____ / ____ / ____ |
| Job Title: | <input type="checkbox"/> Involved in Incident or <input type="checkbox"/> Witness | |
| Location: | Medical help or First Aid obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reported to Health & Safety Rep? <input type="checkbox"/> YES <input type="checkbox"/> NO | Compensation form completed? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reported to Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO | Supervisor whom you reported: | |

Incident Description

Description of the event (include any relevant details such as location, lead up, what you heard, saw, smelled etc. and immediate follow up):

Describe the outcome: harm/health effects/damage:

Witness Details

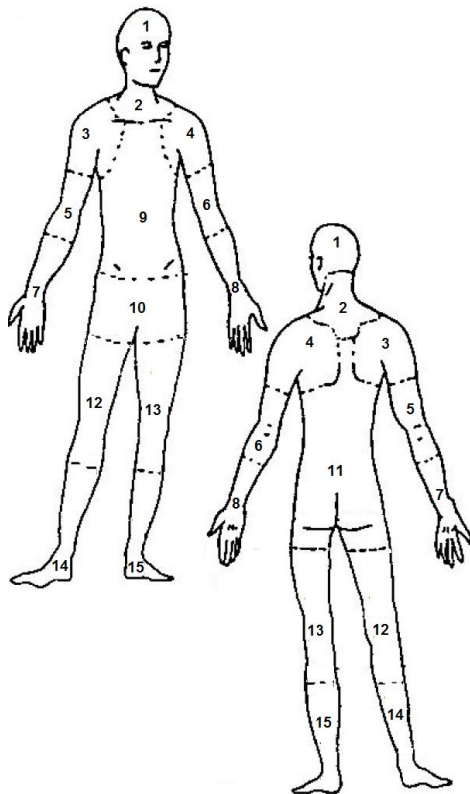
| | |
|-----------------------------------|-----------------------------------|
| Names(s) and contact information: | Names(s) and contact information: |
| Names(s) and contact information: | Names(s) and contact information: |

First Aid

| | |
|---|----------------------|
| First aid provided: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Time of attendance: |
| By whom: | Contact information: |
| Details of provision: | |

Incident Information

Using the body map, describe any injuries:



| Body Segment | Description of Injury |
|-----------------------|-----------------------|
| 1. Head or face | |
| 2. Neck | |
| 3. Right Shoulder | |
| 4. Left Shoulder | |
| 5. Right Elbow | |
| 6. Left Elbow | |
| 7. R. Wrist & Hand | |
| 8. L. Wrist & Hand | |
| 9. Abdomen | |
| 10. Pelvic Region | |
| 11. Back | |
| 12. R. Knee & Thigh | |
| 13. Left knee & thigh | |
| 14. R Foot and Ankle | |
| 15 L. Foot and Ankle | |
| 16 Other | |

Other Information

Please provide any other information you think is relevant:

Internal Health and Safety Committee Use

What was the follow-up recommendation for the control of violence in the workplace based on this incident? Were the existing prevention policies reviewed and updated?

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