



Health and Safety

Incident/Hazard Reporting Form

Staff who have been part of or witnessed an incident where someone was or could have been injured, this includes the identification of psychosocial hazards, 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/Professional 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 / Physical Hazard / Psychosocial Hazard Description

Description of the event or hazard (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 (if needed)

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 (if injury occurred)

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 / Mental Health	

Other Information

Please provide any other information you think is relevant:

Internal Health and Safety Committee Use

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

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