Health and safety incident report form

The incident	
Reported by	Department
Email	Phone Ext
Date of occurrence	Time
Exact location	
Accident ☐ Incident ☐ Near miss ☐ Violence ☐ Ill health ☐ Safety ☐	
What happened? Report any details that may have contributed to the incident (i.e., poor lighting). Use additional paper as necessary and attach to form.	
Describe the outcome: harm/health effects/damage.	
Describe corrective measures taken to address immediate hazards related to incident.	

Health and safety incident report form 2

The affected person		
Worker ☐ other: (i.e., visitor, contractor) ☐	Name	
Address	Date of birth	
Email—work:	Email—home	
Employer's name if other than worker	Address	Phone
Witness details		
Names(s) and contact information	Names(s) and contact information	
First aid		
First aid provided: Yes ☐ No ☐ N/A ☐	Time of attendance:	
By whom:	Contact information:	
Details of provision:		

Health and safety incident report form 3

Post incident
Where did the person involved in the incident go next? To the hospital ☐ home ☐ returned to work ☐ other ☐
Was a member of the joint health and safety committee notified of the incident? Yes ☐ No ☐ Name:

cope 343

Additional notes: