

INCIDENT REPORT

| | | | |
|---|---|--|--|
| Type of Incident | | | |
| Serious Incident Yes <input type="checkbox"/> No <input type="checkbox"/> | | Serious Incident = Life threatening, traumatic injury, loss of consciousness, permanent change, major structural damage. ALL SERIOUS INCIDENTS MUST BE REPORTED IMMEDIATELY TO SAFETY & SECURITY | |
| PERSON(S) INVOLVED | | | |
| <i>If more than 2, attach separate sheet</i> | | | |
| 1 - Name | | Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> | |
| Address | | | |
| Contact Number | | Email | |
| 2 - Name | | Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> | |
| Address | | | |
| Contact Number | | Email | |
| Incident Date | Time of Incident | Incident Location <i>Where did it happen?</i> | Name of Person Incident Reported To |
| | | | |
| SEQUENCE OF EVENTS – Describe what happened, include events leading up to the incident | | | |
| | | | |
| Injury Detail | Body Part Injured | Side of Body Injured | |
| | | | |
| Received First Aid Yes No | Date First Aid Received: MMM-DD-YY | | |
| Were there any witnesses? Yes No | | | |

CONTRIBUTING FACTORS

| EVALUATE FINDINGS AND DETERMINE DIRECT CAUSES | |
|---|---|
| Determination of Causes of Incident - WHY did the incident occur? | |
| Primary Cause | |
| <i>Describe the cause you feel directly impacted the incident</i> | |
| If lifting related, enter weight lifted _____ <input type="checkbox"/> lb <input type="checkbox"/> kg | |
| Secondary Cause(s) | |
| <i>Select only the ones that you feel contributed to the incident. Select up to 3 in each (if applicable) or check Not Applicable if not related.</i> | |
| TASK RELATED CAUSE | ENVIRONMENTAL RELATED CAUSE |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Not Applicable |
| EQUIPMENT RELATED CAUSE | ORGANIZATIONAL RELATED CAUSE |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Not Applicable |
| HUMAN RELATED CAUSE | OTHER |
| <input type="checkbox"/> Not Applicable | |

PREVENTATIVE ACTION PLAN

| Determination of Preventative Action - HOW to prevent recurrence? | | | |
|---|---|--------------------------|----------------|
| Action <i>(What was done to ensure the area was safe? Lockout, restrict access, Emergency Responders called, etc.)</i> | Assigned To <i>(Job title of the person performing the action)</i> | Expected Completion Date | Completed Date |
| | | | |
| | | | |
| | | | |

PERSONS PARTICIPATING/REVIEWING INVESTIGATION

| Representative | Name | Other Persons | Name |
|------------------------------------|------|---------------|------|
| Employer Representative (required) | | Other | |
| Worker Representative (required) | | Other | |