

APPENDIX E: ACCIDENT/INCIDENT REPORT FORM

Part A – To be completed by individual(s) directly involved or injured in the incident.

<input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time <input type="checkbox"/> Near-Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Spill/Contamination/Environmental Release

IDENTIFY – Person(s) involved

First Name	Last Name	
Date of incident (year/month/day) / /		Time of incident (Hours:Minutes) : AM/PM
Date of Medical Evaluation: (year/month/day) / /		Time of Medical Evaluation (Hours:Minutes) : AM/PM
<input type="checkbox"/> School Nurse <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic or Family Physician		
Exact details of injury/illness and treatment (e.g., body part involved, cut, strain, bruise, illness symptoms, and date of onset, etc.)		
W.C.B. Form: (Please check) <input type="checkbox"/> Has been prepared and forwarded <input type="checkbox"/> Not required		
Description of Incident (add additional pages if necessary) State exactly the sequence of events leading to the incident: where it occurred; what the person was doing; the size, weight, and type of equipment or materials involved; etc.		
WITNESSES (If any) Name:	Department	Telephone

PROPERTY DAMAGE Identify property involved. Give machine name, tool name, etc.	Description of damage or loss	Estimated value of loss
Parent/Guardian to Notify:	Telephone:	
Completed by:	Date:	Print Name
	Forward to Supervisor Immediately	Signature

Part B – To be completed by supervisor within 24 hours.

Why did it happen? (conditions and/or actions contributing to injury/incident)		
Parent/Guardian Notification:		Name: Date: Time:
Corrective Actions to Prevent Reoccurrence		Action by Whom and Date to be Completed
Investigated by:		Title:
Telephone:	Date:	Signature