

INCIDENT REPORT

This document is to be used to report an accident, incidence, or near miss which impacts the safety, health and environment of our workplace. This form is to be completed by supervisors, witnesses and any employees involved.

General Information	Name of person involved: _____ Title _____
	Date of incident: _____ Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
	Employee <input type="checkbox"/> Associate/guest <input type="checkbox"/> General public <input type="checkbox"/>
	Location of incident: _____
	Work being done at time of incident: _____
	Was vehicle/equipment damaged? YES <input type="checkbox"/> NO <input type="checkbox"/>
Bucket <input type="checkbox"/> Derrick <input type="checkbox"/> Flat Bed <input type="checkbox"/> ATV <input type="checkbox"/>	
Pickup <input type="checkbox"/> Other _____	
Witness(s) and contact information: _____	

Injury Information	Was the person involved in incident injured? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES: Part of body injured: _____
	Nature of injury (i.e.: cut, sprain): _____
	Severity of injury: Report only <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Attention Required <input type="checkbox"/>
	Name of Clinic/Doctor: _____

Cause of the Incident	Write a detailed description of the incident:
	Describe any unsafe act (human error, policy/rule violation):
	Describe any unsafe conditions (weather, damaged tools):
	Was proper PPE used: YES _____ NO _____
	If No, Why not? _____

INCIDENT INVESTIGATION

Corrective Action	How could have this incident been prevented?	
	Improve	What? How?
	Replace	What? With what?
	Repair	What?
	Training	Whom? How?
	Enforce	What rule/policy?
	Program Review	Was the written program reviewed: YES <input type="checkbox"/> NO <input type="checkbox"/> Do changes need to be made to the written programs
	JSA	Was the JSA reviewed? YES <input type="checkbox"/> NO <input type="checkbox"/> Do changes need to be made to the Job Safety Assessments?

Completed by:

Investigated by (Print & Sign): _____ Date: _____

Investigated by (Print & Sign): _____ Date: _____

Reviewed by:

Line Superintendent/Operations: (Print & Sign): _____ Date: _____

General Manager: (Print & Sign): _____ Date: _____

Diagram of Incident/Additional Comments: