

INCIDENT REPORT FORM

Incident Location: _____ Time of Incident: _____

Date of Incident: _____ Reported By: _____

Reporter Information:

Full Name: _____

Position/Title: _____

Contact Number: _____

Persons Involved:

Name: _____

Role/Relationship: _____

Contact Information: _____

Description of Incident:

Provide a detailed and factual description of the incident including what happened, how it happened, and any immediate actions taken. Attach additional pages if necessary.

Witnesses:

Name: _____

Contact Information: _____

Injuries Sustained:

Describe any injuries sustained during the incident, including the nature and extent of injuries. Indicate if medical attention was required or provided.

Property Damage:

Describe any property damage resulting from the incident, including details of the damaged items or property, estimated costs if known, and immediate actions taken.

Immediate Actions Taken:

Describe the immediate measures taken following the incident to ensure safety, mitigate damages, and prevent further incidents.

Follow-up Actions / Recommendations:

Outline any recommended follow-up actions, investigations, training, or policy changes to prevent recurrence.

Legal Compliance and Acknowledgment:

This report is made in accordance with applicable Canadian laws and regulations. The undersigned certify that the information provided herein is accurate and complete to the best of their knowledge. False statements may result in legal penalties.

REPORTER'S SIGNATURE

SUPERVISOR'S SIGNATURE

Date: _____

Date: _____

Name (Printed): _____

Name (Printed): _____

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