INCIDENT REPORTING FORM

Location of Incident:	Project No.:	Time:	Date:

Type of Incident?	❑ Injury	❑ Near Miss	❑ Property Damage	❑ Fire/Explosion	❑ Chemical Release

Description of Incident:

INJURY DETAILS		
Injured Worker's Last Name	First Name	Occupation
Location where injury/accident occurred		First Aid Provider
Hospital or Clinic Attended for Medical Aid		Treating Physician's Name
Nature of Injury		Project Location of Accident/Injury

Person who transported employee					
Will this be a lost time injury?	No ❑	Yes ❑	Is injury work-related?	No ❑	Yes ❑
Were any subcontractors involved?	No ❑	Yes ❑	Was the MOL called[1]?	No ❑	Yes ❑

[1] Reasons to call the MOL: fatality, critical injuries (defined as an injury of a serious nature that: places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm, involves the amputation of a leg, arm, hand or foot, consists of burns to a major portion of the body, causes the loss of sight in an eye), fire, explosion or hazardous material release, lost time injuries or accident requiring medical treatment, occupational illnesses, any worker who has had their fall arrested, any 'prescribed incident', or property damage >$500.

INJURY DETAILS CONT'D									
Date and Hour of Injury					Date and Hour Reported to Employer				
Day	Month	Year	Time		Day	Month	Year	Time	
				a.m. p.m.					a.m. p.m.
Date and Hour Last Worked					Normal Working Hours				
Day	Month	Year	Time		from		to		
			a.m. p.m.			a.m. p.m.		a.m. p.m.	
Who was the injury reported to?									
What caused the injury? Describe the injury, the body part involved and specify left or right side (use back of sheet if necessary).									
Describe the worker's activities at the time of the injury. Include details of equipment or materials used (use back of sheet if necessary).									
Did anyone else witness the accident or know more about the injury?									

Reported by:		
Supervisor's Signature	Name (print)	Date (dd-mmm-yyyy)
Reviewed by:		
Management's Signature	Name (print)	Date (dd-mmm-yyyy)