

Incident Report Form

This form was designed to assist staff in documenting and reporting an incident that caused an injury or had the potential to cause an injury (near-miss).

Injured worker information:

Full name:

Position/Job title:

Witness information (staff or public, if there were any):

Full name(s):

Position/Job title/Patient/Public:

Incident details:

Location:

Date:

DD / MM / YYYY

Time:

HH : MM

Type of occurrence:

a. Serious injury* to a worker	<input type="checkbox"/>	d. Mental health injury	<input type="checkbox"/>
b. Major release of hazardous substance	<input type="checkbox"/>	e. Minor injury or no injury but had potential for causing injury (near miss)	<input type="checkbox"/>
c. Major structural failure or collapse; blasting accident or other dangerous incident involving explosives; fire explosion with potential for serious injury*	<input type="checkbox"/>	f. Injury requiring medical treatment beyond first aid	<input type="checkbox"/>

* Serious injuries are life-threatening or can cause permanent impairment, including major fractures, amputations, serious burns, chemical exposure, spinal cord and brain injuries, and heat or cold stress.

If a, b, or c, report it immediately to WorkSafeBC at 1-888-621-7233 (24/7).

Description of incident:

What happened? Summarize the sequence of events, the unsafe factors and the resulting injury, if any. Describe the environment/surrounding conditions; activities taking place in the space; availability, use, and functionality of necessary equipment; people involved.