

# Incident Report

To be completed for every workplace incident, whether it caused injury or not, by the worker who experienced it.

## Incident details

Clinic name:			
Location of incident:			
Date of incident:		Time of incident:	
Worker involved: (name, position)			

## Type of occurrence

<input type="checkbox"/>	a) No injury, near miss.	<input type="checkbox"/>	f) Property damage.
<input type="checkbox"/>	b) Injury, no first aid required.	<input type="checkbox"/>	g) Serious injury*.
<input type="checkbox"/>	c) Injury, first aid required.	<input type="checkbox"/>	h) Major release of hazardous substance.
<input type="checkbox"/>	d) Injury, medical treatment beyond first aid required.	<input type="checkbox"/>	i) Major structural failure/collapse, or blasting.
<input type="checkbox"/>	e) Mental health injury.	<input type="checkbox"/>	j) Fire or explosion with potential for serious injury*.

\* 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 g, h, i, or j, 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; and people involved.

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## Witness information (staff or public)

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SAVE / PRINT