

# 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		
a) No injury, near miss.		f) Property damage.
b) Injury, no first aid required.		g) Serious injury*.
c) Injury, first aid required.		h) Major release of hazardous substance.
d) Injury, medical treatment beyond first aid required.		i) Major structural failure/collapse, or blasting.
e) Mental health injury.		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.	

Witness information (staff or public)		
1.		2.

SAVE / PRINT