INCIDENT REPORTING FORM

**** IMPORTANT** All serious accidents, occupational illnesses, near misses, or property damage must be reported immediately.**
Contact your supervisor and/or the department manager immediately. Do not disturb the scene of the accident, other than to deal with any injuries. The proper reporting and investigation of an accident or near miss assist management with ensuring a healthier and safer work

Type of Incident/ Injury

	Injury/ Illness		Property Damage		Vehicle		Potential/ Near Miss		Fire		Spill		Other

Reported By:	**Occupation and job title:**
Injured Worker Name:	**Department and/or Contractor Company:**
Occupation and job title at time of injury:	
Type of Employment:	

	Permanent Full time		Permanent Part Time		Seasonal Work		Summer Student		Irregular/ Casual		Temporary		Contractor		Piece Work

Site/Location of the Incident:	
Supervisor:	**Contractor Supervisor:**
Supervisor's Contact Number:	**Contractor Contact Number:**
Date and Time of Incident: **(MM/DD/YYYY) Time:**	**OR did this condition develop over a period of time?** **Yes No**
When was the incident reported to your employer? **(MM/DD/YYYY) Time:**	**Reported to:**
	Occupation and job title:
Nature of the injury/illness:	
Lost time claim? Yes No **If Yes, WCB claim filled out?** Yes No **Modified duties?** Yes No	
Was first aid provided? Yes No	**If Yes, Give details of first aid provided:**
Name of first aid provider:	**Qualification of First Aider:**
Name of Treating Hospital:	

The PHRD is a Freedom of Information and Protection of Privacy organization; therefore, all personal information that is collected for the purpose if Health and Safety is subject to all the rules and regulations of the Freedom of Information and Protection Of Privacy Act, Section 33(c). Only Authorized persons may access this information. Any inquiries may go to human resources department, Barrhead, Alberta. All witness statements will be kept on file for a minimum of (3) years

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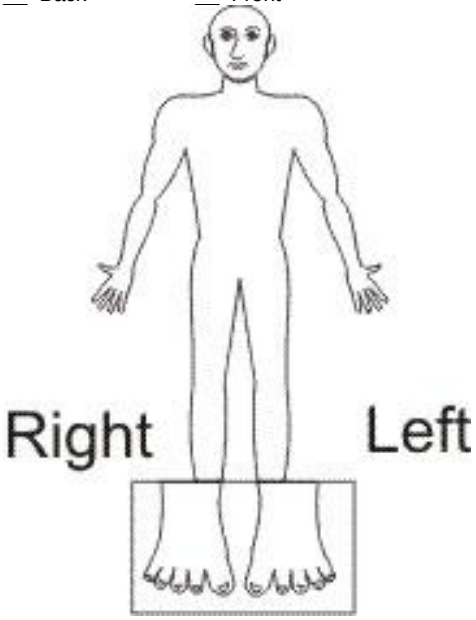
Describe fully what happened to cause this incident.
Describe what you where doing and include any tools, equipment, materials, etc. you were using. State any gas, chemicals, or extreme temperatures you have been exposed to.

Damaged Materials or Equipment:
Vehicle accidents are to fill out Transportation, Forms manual, F

Circle part Injured:
Please check
__ Back __ Front



Spills, what product or material spilled?
MSDS sheet available on site? Yes No

How was the spill cleaned up?

What type of injury is this, Sprain, bruise, cut, etc:

Report reviewed by Manager (signature)

_____ Date:_____

Distribution:	
Department Manager/Director	Human Resources
Insured/ill Worker	

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