



INCIDENT/NEAR MISS REPORT

Revised Date:
December 2019

TO BE COMPLETED AS SOON AS POSSIBLE FOLLOWING THE INCIDENT

1. If a major injury is involved attempt to freeze the scene (equipment, paperwork, etc.) and prevent the incident location from being disturbed until advised by the Safety Rep. If possible take photos.
2. Immediately send this to the Safety Manager following knowledge of an incident.
3. Complete the additional Incident Investigation Report Form and submit to the General Manager as soon as possible along with any Witness Statement forms, photos, documentation, etc. This form is for initial notification only.

INCIDENT REPORT # _____		
Person's Name		Occupation
Date & Time of Incident	Date & Time Reported	Reported To
Classification – Check any that apply		
<input type="checkbox"/> Near Miss <input type="checkbox"/> Job Related Illness <input type="checkbox"/> Job Related Injury <input type="checkbox"/> Fatality	<input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Security Incident <input type="checkbox"/> Fire/Explosion/Flood	<input type="checkbox"/> Spill <input type="checkbox"/> Contractor Related <input type="checkbox"/> Non-Conformance <input type="checkbox"/> Regulatory
Location of Incident		
Detailed Description of Facts		
Immediate Corrective Actions Taken		
Signature	Date	