INCIDENT RECORD

1. **Use this form to record all workplace incidents whether or not they result in injury, illness, loss or damage.**
2. **All incidents which could have resulted in injury, loss or damage must be reported immediately.**

NOTE: Do not use this from to report incidents to statutory authority – use statutory authority form to report.

BRANCH OR SECTION:

DETAILS OF INCIDENT **REFERENCE NO.**

Location of incident:

Date / / Time : am /pm

Description of incident:

Reported by: Date / /

REPORTING OF INCIDENT

Report to Police? Yes / No Police Station: Date / /

Reported to: Position/Rank:

Report to other Statutory authority? Yes / No Name of Department:

Reported to: Position:

Office location: Ph. Date / /

DETAILS OF DAMAGE AND/OR INJURY

Vehicle(s): Make: Model: Type: Reg'n:

Details of damage:

Other property:

Details of damage:

Details of any persons (other than employees) involved in the incident:

Name: Address: Ph.

Name: Address: Ph.

INVESTIGATION

Incident investigated by: Position: Ph.

1.

2.

3.

Contributing factors:

1.

2.

3.

CORRECTIVE ACTIONS

Corrective actions recommended:

1.

2.

3.

Corrective actions implemented:

1. Date / /

2. Date / /

3. Date / /

Further action required? Yes /No Describe:

Name: Signature: Date / /