

Incident Reporting Form

Use this form to report any workplace accident, injury, incident, close call or observations.
Return completed form to the Clubroom Manager or the Commander.

This is documenting an:

Lost Time/Injury First Aid Incident Close Call Observation

Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report: _____ Date: _____

Person(s) Involved: _____

Event Details

Date of Event: _____ Time of Event: _____

Witnesses: _____

Description of Events (Describe tasks being performed and sequence of events):

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes____ No____ If yes, name of hospital or physician:

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____