HEALTH AND SAFETY INCIDENT REPORT FORM

Incident #	
Reported by:	Department:
Email:	Phone: (242) Ext
Date of occurrence:	Time:
Exact location:	
Accident Incident Near Miss Violence Ill Health Safety	
What happened? Report any details that may have contributed to the incident (i.e., uneven sidewalk). Use additional paper as necessary and attach to form.	
Describe the outcome: harm/health effects/damage.	
Describe corrective measures taken to address immediate hazards related to incident.	
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The affected person		
Student: Faculty: Staff: other: (i.e., visitor, contractor) Name:		
Address/Department:	Date of birth:	
Phone contact: (242)	Email:	
Employer's name:	Employer's Address:	Phone:
Witness details		
Names(s) and contact information	Names(s) and contact information	
First aid		
First aid provided: Yes No Time of attendance: By whom: Contact information: Ph: Details of provision:		

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Post incident
Where did the person involved in the incident go next? To the hospital ☐ home ☐ returned to work ☐ other ☐
Report status OPEN ☐ CLOSED ☐ CLASSIFIED ☐ Name:

Incident – An incident can refer to any even that happens; it could be positive or negative.

Accident - An accident has a negative implication and could result in injury, loss of life or damage to goods.

Near miss – Is a narrowly avoided accident.

Violence – A behavior involving physical force intended to hurt, damage, or destroy someone or something.

Ill Health - a condition in which some disease or impairment of function is present but is usually not serious

Safety – Involves an incident relating to the lack of control of recognized hazards.

Additional Notes: