INCIDENT, ACCIDENT, NEAR MISS FORM

PARTICULARS OF INCIDENT			
Date of Incident:	Time:	Location Project/Site	Date Reported
Reported To:	Position	Job Number	Work Area Supervisor
TYPE OF INCIDENT			
❑ Near Miss	❑ Injury	❑ Illness	❑ Property / Environment
SEVERITY OF INCIDENT			
❑ Fatal	❑ Serious Harm	❑ Minor Harm	❑ No Harm

INVOLVED PERSON(S)			
NAME:		**EMPLOYER:**	
Age:	Phone:	Length of Employment:	Time on Job:
❑ Trade Assist Employee	❑ Apprentice	❑ Sub-Contractor	❑ Other:
Employee ID:		Sub-Contractor Company:	
Witnesses (Name, Position)			
)			

INJURY				
❑ Lost Time Injury (LTI)	❑ Medical Treatment Injury (MTI)	❑ Minor Injury / First Aid	❑ Other:	
TYPE OF INJURY:	❑ Bruising	❑ Dislocation	❑ Gradual	Injured part of body:
❑ Strain/sprain	❑ Scratch/abrasion	❑ Internal	❑ Other (specify)	
❑ Fracture	❑ Amputation	❑ Foreign body		
❑ Laceration/cut	❑ Burn scald	❑ Chemical reaction		
Treatment Provided				
Treated by		Treated at		
Outcome	☐ Further Treatment Required		☐ Returned to Normal Duties	
	☐ Returned to Alternative Duties		☐ Totally Unfit for Work	
Separate Investigation Required?	Y / N	Why Not Required?		

DAMAGED PROPERTY or ENVIRONMENT
Property, material, or environment damaged:
Object/substance inflicting damage:

Nature of damage:

INCIDENT / INJURY / NEAR MISS
Description (describe what happened - space overleaf for diagram; essential for all vehicle incidents):
Analysis (what were the causes – root and contributing causes of the incident)?
Root causes – safety system failures:
Contributing causes – unsafe acts and conditions:

PREVENTATIVE / CORRECTIVE ACTION			
What action has or will be taken to prevent a recurrence? Tick items already actioned (use space overleaf if required)	Completed ✓ X	By whom	When

NOTES

EXTERNAL			
Notifiable Incident?	Y / N	Agency:	
Reported?	Y / N	Reported by:	
Reported to:		Date / Time Reported:	

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____