Incident Reporting Form

Use this form to report any workplace accident, injury, incident, near miss, or general safety observation.
Return completed form to the Supervisor, the Office, or Management in accordance with the Industrial Insulation Supply, LTD's Incident Reporting Procedures found on p. 97-101 of the *HSE Written Safety Manual*.

This is documenting a/an:

☐ Lost Time/Injury ☐ First Aid ☐ Incident ☐ Near Miss ☐ Observation

Incident Details (✓ one box)		
☐ 1. Injury / Illness / Medical condition ☐ 2. Accident ☐ 3. Near miss incident ☐ 4. Policy/procedure/legislation non-compliance ☐ 5. Evacuation ☐ 6. Hazard identification	☐ 7. Lost person ☐ 8. Lost/found property ☐ 9. Property/plant/ equipment maintenance ☐ 10. Property/plant/ equipment damage ☐ 11. Product/service failure	☐ 12. Complaint ☐ 13. Aggression / bullying ☐ 14. Security / theft ☐ 15. Emergency fire ☐ 16. Threats ☐ 17. Other ________________

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

Person Completing Report:_______________________ Date:______________________

Person(s) Involved:______________________________

Equipment or Truck ID:__________________________

Event Details

Date of Event:_______________________ Location of Event:________________________

Time of Event:_______________________ Witnesses:______________________________

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

____

____

____

____

____

*If more space is required for any portion of this form, please use the back of this sheet or attach another sheet.

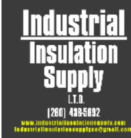
Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

____

____

Corrective Action to prevent reoccurrence:

____



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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 Supervisor:______________________________ Date:___________________

Signature of Management:____________________________ Date:___________________