

INCIDENT REPORT

1. SITE INFORMATION

EMPLOYEE		STUDENT		PUBLIC		CONTRACTOR		TRACKING # / DATE *	
1. MAIN CAMPUS		2. NSC		3. WIDC		4. WIRL		5. TERRACE	
6. QRRC		7. QUESNEL		8. FSJ		9. PR		10. OTHER	
Facility Name						Location			
City				Province		Postal Code			
Employers' representative				Email		Phone Number			

2. PLACE, DATE, AND TIME OF INCIDENT

Location where incident occurred. (Campus, Building, Room Number)							
Date of Incident:		Time of Incident:		AM		PM	
Reported By:		Reported To:					
Supervisor		Contact #					
Occurred Onsite		Occurred Offsite		During work hours		Non-Work hours	

3. TYPE OF INCIDENT

First Aid		Chemical Exposure		Equipment Damage		Acts of Violence	
Medical Aid		Chemical Spill		Vehicle Damage		Bullying and Harassment	
Near Miss		Environmental Spill		High Risk Non-compliance*		Wildlife Encounter	
Biohazard Exposure		Property Damage		Modified Duties RTW		Fire	
Other: Please describe							

4. PERSONS INVOLVED / WITNESSES

	Name	Phone number	Supervisor
Name of person (s) involved			
Name of person (s) involved			
Name of witness (s)			
Name of witness (s)			

5. INJURED PERSONS

Name of injured person		Job Title	
Occupation / Job Title		Department / Program	
Years experience in position:		Years experience in task:	Was the person trained?
Date person was trained:		Date of training review / refresh?	
Did they receive first aid?	Yes	No	First Aid provided by:
Date and time reported:		Time:	AM
Date and time FA Provided:		Time:	AM
Did the injured person go to medical aid?	Yes	No	
Method of transport?	Company Vehicle	Taxi	Ambulance
			Other*

* Personal vehicles not allowed

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6. DESCRIPTION OF INCIDENT

Describe how the incident happened. (Who, What, When, Where, Why, How) Add pictures as attachments

7. INSERT UP TO TWO PHOTOS, attach additional photos.

8. ADDITIONAL INFORMATION

9. INTERIM CORRECTIVE ACTIONS

Action	Action Assigned to	Expected Completion Date	Completed Date

Print Name	
Date of Report	
Signature	