



## Incident Report

<b>Particulars of incident:</b>		
Date:	Time	Location:
<b>Type of incident (please circle below):</b>		
Injury	Illness	Environmental
Notifiable event		Other:
Reported by:		Phone:
Role in the event:		Email:
<b>The injured person:</b>		
Name:		Address:
Age:	Phone:	
<b>Witness(s):</b>		
Name:		Phone:
Name:		Phone:
<b>Describe the incident:</b> <i>(space overleaf for diagram if needed)</i>		
<b>Describe any illness or injury:</b> <i>What part of the body is affected and how?</i>		
<b>Describe any property damage:</b> <i>What damage was caused and how?</i>		
<b>Analysis:</b> <i>What do you think caused or contributed to the incident?</i>		
<b>Prevention:</b> <i>What action has been taken to prevent a reoccurrence?</i>		
<b>Treatment:</b>		
Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Centre / Hospital:		Doctor:
Type of treatment provided:		

## Incident Report Supplement

<b>Particulars of incident (from p 1):</b>		
Date:	Time	Location:
<b>Investigation of Incident</b>		
Investigation conducted by:		Date:
Statement by third party as to cause of incident:		
Complainant's attitude:		
Do you think claim will be made?		
Is any other party (i.e. tenant, landlord, maintenance, snow-removal contractor, etc.) required to carry insurance covering this type of incident?		
Has this incident been reported to any other party?		
If yes, which party?		
<b>Follow up to incident</b>		
Was there follow up to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
Describe outcome from follow up and further recommendations:		