



## INCIDENT REPORT FORM

|   |              |  |                |
|---|--------------|--|----------------|
| <b>FROM:</b>  |              | <b>TO:</b>                                 |                |
| <b>Date:</b>  | <b>Time:</b> | <b>Case Management No.</b>                 |                |
| <b>Type of Incident</b>   |              |  |                |
| <b>Fatal Accident</b>   |              | <b>Complaint</b>                           |                |
| <b>Accident (resulting in personal injury)</b>                      |              | <b>Request for Information /Assistance</b> |                |
| <b>Dangerous Occurrence</b>   |              | <b>Consultation</b>                        |                |
| <b>Information on Person Reporting the Incident</b>                 |              |  |                |
| <b>Full Name:</b>   |              | <b>Job/Position Title:</b>                 |                |
| <b>Address:</b>   |              |  |                |
| <b>Tel No:</b>  |              | <b>Fax No:</b>                             |                |
| <b>Location of Incident</b>   |              |  |                |
|   |              |  |                |
|   |              |  |                |
|   |              |  |                |
| <b>Information on Employer or Person in Charge of the Workplace</b> |              |  |                |
| <b>Full Name:</b>   |              | <b>Job/Position Title:</b>                 |                |
| <b>Address:</b>   |              |  |                |
| <b>Employer's Registration No:</b>                                  |              |  | <b>Tel No:</b> |

Please highlight for filing purposes

File: Company File

Incident – Chronological File

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## Details of Incident

Empty area for incident details.

### For use of the Senior Safety and Health Officer only

Assigned to:

Assessed Priority:

Most Urgent

Urgent

Routine

Date Assigned: