# INCIDENT REPORT FORM

EVENTSCAPE

## INSTRUCTIONS

Fill out this form to report a workplace incident that resulted in injury, illness, or a near miss.

⚠ Report incidents to: incident_reports@eventscape.com

## WHO IS COMPLETING THIS REPORT?

NAME

PHONE NUMBER

DATE

TIME ☐ AM ☐ PM

## INDIVIDUALS INVOLVED

AFFECTED PERSON NAME

PHONE NUMBER

SUPERVISOR NAME

PERSON INVOLVED WAS…

☐ EMPLOYEE ☐ AGENCY ASSOCIATE ☐ CONTRACTOR ☐ VISITOR ☐ OTHER _____

↳ *specify staffing agency* _____

WITNESS NAME(s)

DEPARTMENT AND AGENCY NAME *if applicable*

PHONE NUMBER

REPORTED TO

DEPARTMENT

PHONE NUMBER

## INCIDENT DETAILS

INCIDENT TYPE *select all that apply*

☐ INJURY ☐ INCIDENT
☐ FIRST AID ☐ OBSERVATION
☐ MEDICAL CARE ☐ NEAR MISS

LOCATION OF INCIDENT

☐ BESTOBELL ☐ ON SITE _____
☐ TORLAKE ☐ RENTAL / VENDOR _____
☐ EAST MALL ☐ OTHER _____

DATE OF INCIDENT

TIME *be as exact as possible* ☐ AM ☐ PM

SPECIFIC AREA *describe where incident occurred, near which equipment, area of shop*

ACCIDENT OR ILLNESS WAS…

☐ SUDDEN SPECIFIC EVENT
☐ GRADUAL OVER TIME
☐ OCCUPATIONAL DISEASE

WAS THERE LOST TIME? Y ☐ N ☐

TYPE OF ACCIDENT OR ILLNESS

☐ STRUCK / CAUGHT ☐ FIRE / EXPLOSION ☐ HARMFUL SUBSTANCES / ENVIRONMENT
☐ OVEREXERTION ☐ FALL ☐ OTHER _____
☐ REPETITION ☐ ASSAULT
☐ SLIP / TRIP ☐ MOTOR VEHICLE

BODY PART *select all that apply*

| | | | LEFT | RIGHT | | LEFT | RIGHT | | LEFT | RIGHT |
|---|---|---|---|---|---|---|---|---|---|---|
| ☐ HEAD | ☐ NECK | ☐ ANKLE | ☐ | ☐ | ☐ SHOULDER | ☐ | ☐ | ☐ FINGER(S) | ☐ | ☐ |
| ☐ FACE | ☐ CHEST | ☐ KNEE | ☐ | ☐ | ☐ ARM | ☐ | ☐ | ☐ HAND | ☐ | ☐ |
| ☐ TEETH | ☐ UPPER BACK | ☐ LOWER LEG | ☐ | ☐ | ☐ ELBOW | ☐ | ☐ | ☐ FOOT | ☐ | ☐ |
| ☐ ABDOMEN | ☐ LOWER BACK | ☐ THIGH | ☐ | ☐ | ☐ FOREARM | ☐ | ☐ | ☐ TOE(S) | ☐ | ☐ |
| ☐ PELVIS | | ☐ HIP | ☐ | ☐ | ☐ WRIST | ☐ | ☐ | ☐ EYE(S) | ☐ | ☐ |

POST INCIDENT *where did the person involved go after the incident?*

☐ HOSPITAL
☐ HOME
☐ RETURNED TO WORK
☐ OTHER _____

MEDICAL PROFESSIONAL DETAILS *if known*

NAME

PHONE

MEDICAL FACILITY

FIRST AID TREATMENT *if employee required first aid, provide details*

WHO PROVIDED FIRST AID?

NAME

CONTACT

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**INCIDENT DESCRIPTION** *describe tasks being performed at time of incident and sequence of events. attach additional pages as needed.*

**CONDITIONS** *describe the conditions (i.e. poor lighting), and any materials, tools, equipment, vehicles, machinery, or PPE that was being used at the time of incident.*

**HOW MUCH EXPERIENCE DID THE WORKER HAVE IN PERFORMING THIS TASK?**

**IMMEDIATE CAUSES** *check all that apply*

**SUBSTANDARD CONDITIONS**

- ☐ INADEQUATE OR IMPROPER PROTECTIVE EQUIPMENT
- ☐ DEFECTIVE TOOLS, EQUIPMENT, OR MATERIALS
- ☐ CONGESTION OR RESTRICTED ACTION
- ☐ INADEQUATE WARNING SYSTEM
- ☐ FIRE AND EXPLOSION HAZARDS
- ☐ POOR HOUSEKEEPING/DISORDER
- ☐ NOISE EXPOSURE
- ☐ RADIATION EXPOSURE
- ☐ HIGH OR LOW TEMPERATURE EXPOSURE
- ☐ INADEQUATE OR EXCESS ILLUMINATION
- ☐ INADEQUATE VENTILATION
- ☐ USE OF DEFECTIVE EQUIPMENT
- ☐ HAZARDOUS ENVIRONMENTAL CONDITIONS: GASES, DUSTS, SMOKE, FUMES, VAPOURS
- ☐ IMPROPER USE OF EQUIPMENT

**SUBSTANDARD ACTIONS**

- ☐ OPERATING EQUIPMENT WITHOUT AUTHORITY
- ☐ FAILURE TO WARN
- ☐ FAILURE TO SECURE
- ☐ OPERATING AT IMPROPER SPEED
- ☐ DISABLED SAFETY DEVICES
- ☐ REMOVAL SAFETY DEVICES
- ☐ FAILURE TO USE PERSONAL PROTECTIVE EQUIPMENT PROPERLY
- ☐ IMPROPER LOADING
- ☐ IMPROPER PLACEMENT
- ☐ IMPROPER LIFTING
- ☐ IMPROPER POSITION FOR TASK
- ☐ SERVICING EQUIPMENT IN OPERATION
- ☐ HORSEPLAY
- ☐ UNDER INFLUENCE OF ALCOHOL AND/OR OTHER DRUGS

**PERSON WHO COMPLETED THIS REPORT**

NAME | TITLE
DATE | SIGNATURE

**SUPERVISOR / MANAGER**

NAME | TITLE
DATE | SIGNATURE

**HEALTH AND SAFETY COORDINATOR** *if different from above*

NAME | TITLE
DATE | SIGNATURE

**WITNESS**

NAME | TITLE
DATE | SIGNATURE

**EMPLOYEE INVOLVED**

NAME | TITLE
DATE | SIGNATURE

**WITNESS**

NAME | TITLE
DATE | SIGNATURE