

(Appendix A) Incident Report

Location

Site:	Date:	Course.
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Type of incident

Near Loss <input type="checkbox"/>	First Aid Injury <input type="checkbox"/>	Medical Treatment <input type="checkbox"/>	Lost Time Injury <input type="checkbox"/>
3 rd Party/Client <input type="checkbox"/>	Stolen Property <input type="checkbox"/>	Equipment Damage <input type="checkbox"/>	Property Damage <input type="checkbox"/>
Workers Compensation initiated		Yes <input type="checkbox"/>	No <input type="checkbox"/>

People involved

Nature injury or damage

Details of how incident occurred * Please attach pictures or diagrams as required

Day		Month		Year		Time		am/pm
Brief Description of incident								
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.....								
.....								
.....								

Reported By:	Name of Supervisor / Reeve:
Print Name:.....	Print Name:.....
Signature:.....	Signature:.....
Date	Date