

Appendix C: Incident Reporting & Investigation Form

Worker's name

Position

Department

Location of Incident

Date of Incident

Time am/pm

Type of incident: Near Miss Minor Injury Serious Injury

Date Incident Reported

Time am/pm

Reported to

Nature of Incident (if any)

Witnesses

Damage to Equipment or Property

To be completed by:	Date:
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Follow-up

By:	Date to Follow up:
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Name of person Investigating

Signature