



Use this form to report accidents, incidents, injuries, medical situations, or staff behaviour incidents. (Incidents involving a crime/traffic incident/damaged property should be reported directly to the Supervisor in-charge). This report should be completed within 3 days of the event. Please submit completed forms to the Municipal Secretary's Office.

INCIDENT REPORT FORM

Record No. : _____

Personal Details

Full Name	:			
Home Address	:			
Post		Grade		
Section/Unit	:	Date of report :		
Phone Numbers	:	Home :	HP:	Work :
Supervisor's Name :				

Incident details

Date of Incident	Time	Police Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of Incident				
Description of Incident (what happened, how it happened, factors leading to the event, etc. Be as specific as possible (attached additional sheets if necessary))				

Damage to equipment/buildings/vehicles etc.,

What was damaged?
Extent of damage:

Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.
Was the individual injured? If so, describe the injury (laceration, sprain, burn, fracture, concussion, etc), the part of body injured, and any other information known about the resulting injury(ies).

Were medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
If yes, where was treatment provided : <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other

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FOR OFFICE USE ONLY

Report Received by : _____ Date : _____

Corrective actions

Immediate actions
What controls can be put in place to prevent this from recurring?
Recommendations for action
Who to implement these controls/corrective actions?
Date by which action is to be taken / /

REPORTER INFORMATION

Individual Submitting Report (print name)
Signature
Date Report Completed / /