



Incident Report and Investigation Form

This Incident Report and Investigation Form is intended to be filled out in the event of an incident. Please refer to *Section 31 Reporting Workplace Injuries Policy* of the *HR Policies and Procedure Manual* for reporting of incidents.

Employee Information:		
Name:	Age:	Sex:
Incident Number:		Phone Number:
Incident Date:		Employee Position:
Department/Contractor:		Employee Number:

Incident Type		
Injury <input type="checkbox"/>	Exposure <input type="checkbox"/>	Illness <input type="checkbox"/>
Spill <input type="checkbox"/>	Property Damage <input type="checkbox"/>	Major Potential <input type="checkbox"/>
Environmental Incident <input type="checkbox"/>	Other, Specify:	

Incident Information		
Incident Date (dd/mm/yy): ___/___/___ Time of Incident (24 hour clock):		
Reported on: ___/___/___ Time Reported (24 hour clock):		
Supervisor:	Building/Area:	Specific Location:
Injured Person:	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Public	

Injury/ Illness			
First Aid <input type="checkbox"/>	Medical Aid <input type="checkbox"/>	Modified Work <input type="checkbox"/>	Lost Time <input type="checkbox"/>
Injured Body Part:			

Describe Injury: _____

Incident Information	
Was First Aid Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:
Was injured transported to medical aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where to?	
Name of Doctor/Healthcare worker	
Injured during normal work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note: If more than one person injured, answer the above questions on a separate piece of paper and attach to form.*

Property/Equipment/Environmental Damage/Impact	
Description of Damage:	
Estimated Cost:	Critical Part? <input type="checkbox"/> Yes <input type="checkbox"/> No

Evaluation of Risk Potential		
Loss Severity Potential:		
Moderate <input type="checkbox"/>	Serious <input type="checkbox"/>	Minor <input type="checkbox"/>
Probable Recurrence <input type="checkbox"/>	Occasional <input type="checkbox"/>	Rare <input type="checkbox"/>

**(NOTE: Injured persons personal information identified on this form is to be used only for purposes of incident investigation and follow-up with that injured person by Nibinamik First Nation. The information will not be shared for any other reason.)*

Analysis:

Description of Incident:

Causes:

Immediate:

Basic/underlying:

Recommended corrective action(s):

Immediate:

Long term:

Person(s) responsible for action(s)/Department:

Actions taken:

Acknowledgement and Agreement

Supervisor	Witness
Signature	Date