



INCIDENT / HAZARD / NEAR MISS REPORT

WORKPLACE:

DATE OF INCIDENT:

TIME:

AM/PM

NAME OF PERSON REPORTING THE HAZARD:

DATE REPORTED:

FIRST AID

MEDICAL TREATMENT

LOST TIME

NEAR MISS

PROPERTY DAMAGE

HAZARD REPORT

Name of injured (if applicable):

Nature of injury

Part of body injured

Location of incident

Description of hazard

How did the incident occur? (contributing factors)

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CORRECTIVE ACTION:

What needs to happen	By When	Person Responsible

PERSON REPORTING	<i>Signed:</i>	<i>Date:</i>
DUTY PERSON	<i>Signed:</i>	<i>Date:</i>
DIRECTOR	<i>Signed:</i>	<i>Date:</i>

