

Incident Report Form

Name of reporting person: _____

A. INJURED PERSON DETAILS:

Name of Injured Person: _____ Date of Birth: ___ / ___ / ___
 Address: _____ Female Male
 _____ Phone Number: _____
 Student ID: _____ Employee Visitor Subcontractor Other _____

B. INCIDENT DETAILS:

Date of Incident: ___ / ___ / ___ Time: ___ : ___ Location: _____
 Name of First Aider: _____

1. Please give a brief description of the incident:

2. Immediate actions that took place: _____ Time: ___ : ___

3. Who was present?

#	Name	Attribute	Phone Number
1			
2			
3			

4. Did you request assistance by an external source / service? YES / NO

5. External Services that were involved / contributed:

Doctor Medical Center Hospital Ambulance
 Police Fire brigade Civil Defence Other _____

6. Did you resolve the incident by yourself? YES / NO

7. Whom did you inform? Time: ___ : ___

Parents Head First Aider EHS Officer Other _____

Reporting Person's Signature

First Aider's Signature

Injured Person's Signature

***ANY AVAILABLE DOCUMENTS SHOULD BE ADDED ALONG WITH THIS REPORT**

FOR OFFICIAL USE ONLY:

NUMBER: _____

Environment, Health & Safety Officer's Signature: _____

Date: ___ / ___ / ____