Incident Report

HOLMAN
A Human Experiences Company

The Manager will investigate all incidents to the extent needed to determine cause and actions needed to prevent a recurrence, specifically critical/serious incidents, time lost from work or medical aid, property damage, fire or environmental release, as well as incidents (including near misses) that had the potential to result in any of the above. Managers will request the assistance of the designated worker member of the Joint Health and Safety Committee/ Health and Safety Representative in the investigation of critical injuries and other serious injuries/incidents.

Who was the person impacted?			
□ Team member	□ Visitor	□ Contractor	□ Others
Last Name:		First Name:	
Occupation / Job Title:		Yrs. Experience in Occupation:	
Date & Time of Occurrence:		Date & Time of Report:	
Witness name:			
Name of First Aid Attendant			

Occurrence:

☐ Minor injury or no injury but had potential for causing serious injury. ☐ Injury requiring medical treatment beyond first aid ☐ Hazardous condition	☐ Significant Property Damage ☐ Serious/ Critical Injury ☐ Death ☐ Occupational Disease

Complete Workplace Harassment Reporting Form for reporting harassment in the workplace or Workplace Violence Reporting Form, for reporting workplace violence

Type of Incident:

☐ Exposure to possible hazardous/infectious material ☐ Caught in/under/between ☐ Struck by/against object	☐ Slip/fall ☐ Vehicle ☐ Electrical Shock/Burn ☐ Loss of consciousness ☐ Muscle Strain (lifting, pulling, carrying)	☐ Other (explain)

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Description of Incident:

Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any including type/brand of equipment. Include description of events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

Describe the nature, date, and time of first aid treatment.

Part of Body Injured

Check (✓) all that are applicable (Indicate "R", "L", or "B", where applicable)

☐ Head	☐ Upper back	☐ Hand/fingers	☐ Ankle/foot
☐ Eye	☐ Lower back	☐ Hip	☐ Abdomen
☐ Teeth	☐ Upper Arm	☐ Knee	☐ Chest
☐ Neck	☐ Lower Arm	☐ Upper leg	☐ Other
☐ Shoulder	☐ Wrist	☐ Lower leg	
☐ Face	☐ Elbow	☐ Toes	

Contributing Factors

What conditions contributed to the incident? (Check (✓) all that are applicable)

☐ Operating w/o authority	☐ Slip/trip hazards
☐ Inadequate work procedure	☐ Inadequate illumination
☐ Failure to lockout	☐ Inadequate ventilation
☐ Insufficient training	☐ Hazardous personal attire
☐ Unsafe/defective equipment	☐ Improper position/posture
☐ Inadequate housekeeping	☐ Hazardous environmental condition
☐ Failure of personal protective equipment	☐ Improper lifting
☐ Not using personal protective equipment or failing to use it properly	☐ Using equipment/tool improperly
	☐ Absence of an engineered sharps injury

☐ Infraction or unsafe practice	prevention feature on the device involved
Explanation of Contributing Factors:	
Details of Property Damage (if any):	

Corrective Actions

Actions taken to prevent a recurrence (Check (✓) all that are applicable)

☐ Control Operation / Access	☐ Provide Training
☐ Perform Housekeeping	☐ Request Lighting Review
☐ Review Personal Protective Equipment	☐ Inform all Staff
☐ Improve Work Procedure	☐ Repair / Replace Equipment
☐ Ergonomic Assessment	☐ Reinstruction of Persons Involved
☐ Install Safety Guard / Device	☐ Improve inspection procedures
☐ Apply Lockout / Tag-out	☐ Request environmental assessment

Describe Actions Taken:

Action	Assigned to	Expected Completion Date	Status
			Not Started
			Not Started

Completed by:

Manager's Signature	Name (Print)	Date

Team Member's Signature	Name (Print)	Date

Indicate copy provided:

- Health and Safety Representative/Committee Member

When sharing the content of this form, please remember to adhere to confidentiality practices. This includes refraining from disclosing personal information unless it is specifically required for the intended purposes of this form.

If the impacted Team Member has provided a medical note related to any missed time or other accommodation, please attach a copy of that document to the file. Please keep a scan of this completed document on the employe file. As this form is confidential, it must be in a folder only accessible by management.