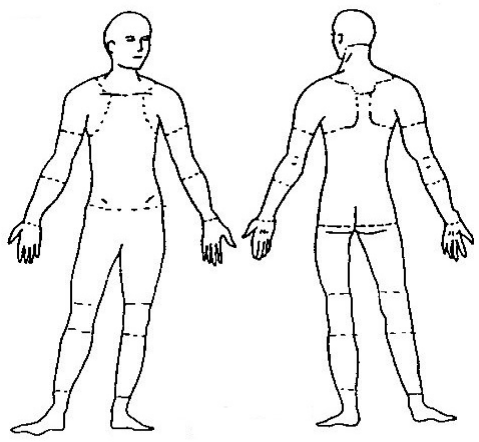
Incident Report Form

Name of Person Completing this Report (Airswift):		**Position:**	
Employee / Contractor Name:		**Job Title:**	
Client / Project:		**Supervisor Name:**	
Work Location:			
Who was the incident reported to?		**I am reporting a work-related:** ❑ Injury ❑ Illness ❑ Near miss	
Name:		**Date of incident:**	
Position:		**Time of incident:**	
Where (exactly) did the incident happen:		**Who was present at the time of the incident (details of witnesses, if any)?**	
Describe step-by-step what led up to the incident, attach additional pages and other evidence (photo's etc.) as appropriate:			
What were you doing at the time of the incident?			
Describe step by step the incident itself, attach additional pages and other evidence (photo's etc.) as appropriate:			

Incident Report Form

INJURED EMPLOYEE(S) - *Complete this part for each injured employee*		
Person 1		
Name:	**Sex:** ❑ Male ❑ Female	**Age:**
Department and Job Title:		

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)

❑ Abrasion, scrapes
❑ Amputation
❑ Broken bone
❑ Bruise
❑ Burn (heat)
❑ Burn (chemical)
❑ Concussion (to the head)
❑ Crushing Injury
❑ Cut, laceration, puncture
❑ Hernia
❑ Illness
❑ Sprain, strain
❑ Damage to a body system:
❑ Other _____

What was the result of the incident? (Please select all that apply)

❑ First Aid Treatment ❑ Medical Treatment ❑ Restricted Duty ❑ Days away from work/ lost time ❑ Fatality

If medical treatment was required, what treatment was this?

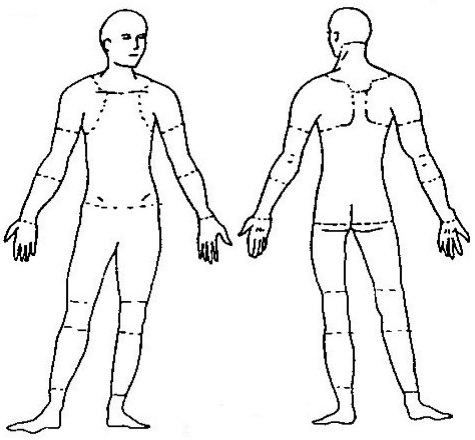
How many days was the Contractor/Employee away from work?

How many days was the Contractor/Employee on restricted duty?

Incident Report Form

Person 2		
Name:	**Sex:** ❑ Male ❑ Female	**Age:**
Department and Job Title:		

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)

❑ Abrasion, scrapes
❑ Amputation
❑ Broken bone
❑ Bruise
❑ Burn (heat)
❑ Burn (chemical)
❑ Concussion (to the head)
❑ Crushing Injury
❑ Cut, laceration, puncture
❑ Hernia
❑ Illness
❑ Sprain, strain
❑ Damage to a body system:
❑ Other _____

What was the result of the incident? (Please select all that apply)

❑ First Aid Treatment ❑ Medical Treatment ❑ Restricted Duty ❑ Days away from work/ lost time ❑ Fatality

If medical treatment was required, what treatment was this?

How many days was the Contractor/Employee away from work?

How many days was the Contractor/Employee on restricted duty?

Incident Report Form

Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) ❑ Inadequate guard ❑ Unguarded hazard ❑ Safety device is defective ❑ Tool or equipment defective ❑ Workstation layout is hazardous ❑ Unsafe lighting ❑ Unsafe ventilation ❑ Lack of needed personal protective equipment ❑ Lack of appropriate equipment / tools ❑ Unsafe clothing ❑ No training or insufficient training ❑ Other: _____	**Unsafe acts by people:** (Check all that apply) ❑ Operating without permission ❑ Operating at unsafe speed ❑ Servicing equipment that has power to it ❑ Making a safety device inoperative ❑ Using defective equipment ❑ Using equipment in an unapproved way ❑ Unsafe lifting ❑ Taking an unsafe position or posture ❑ Distraction, teasing, horseplay ❑ Failure to wear personal protective equipment ❑ Failure to use the available equipment / tools ❑ Other: _____
How did the unsafe conditions occur?	
Were unsafe acts / conditions reported prior to the incident? ❑ Yes ❑ No	
Have there been similar incidents or near-misses prior to this one? ❑ Yes ❑ No	

Incident Report Form

Corrective Action:		
Immediate Action:		
Action(s):	**Responsible Party:**	**Date Taken:**
1.		
2.		
3.		
Long-Term Action:		
Action(s):	**Responsible Party:**	**Target Date:**
1.		
2.		
3.		
Measurement of Effectiveness		
Corrective Action is Satisfactory: ❑ Yes ❑ No	**Initials:**	**Date:**
If no, what further action is needed?		
Corrective Action Implemented: ❑ Yes ❑ No	**Initials:**	**Date:**
Investigation Closed: ❑ Yes ❑ No	**Initials:**	**Date:**