

OHS Incident Notification

Name of Employee(s) Involved: _____

Employee's Work Location/Unit and Job Title: _____

Name of Supervisor: _____ Phone: _____ Fax: _____

Type of Incident – Part A:

- | | | |
|---|---|---|
| <input type="checkbox"/> Near Miss | <input type="checkbox"/> Injury/Illness | <input type="checkbox"/> Equipment/Property/Environmental |
| <input type="checkbox"/> Dangerous Occurrence | <input type="checkbox"/> Fatality | |

Type of Incident – Part B:

- | | |
|--|---|
| <input type="checkbox"/> Assault & Violent Acts | <input type="checkbox"/> Fire Explosions |
| <input type="checkbox"/> Physical Exertions & Strains | <input type="checkbox"/> Slips, Trips & Falls |
| <input type="checkbox"/> Contact with Object & Equipment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Exposure to Harmful Substance/Environment | <input type="checkbox"/> Other |

Treatment Administered:

- | | | | |
|-------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> First Aid | <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Hospital |
|-------------------------------|------------------------------------|---|-----------------------------------|

Lost Time:

- | | | |
|-------------------------------|---|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Yes – estimated time off _____ | <input type="checkbox"/> Unsure |
|-------------------------------|---|---------------------------------|

Date/Time of Incident: _____ ____ a.m. ____ p.m.

Description of Incident (provide as much detail as known):

Location of Incident (provide as much detail as known):

OHS Incident Notification

Other parties (contractor, public, client, volunteer, etc.) involved in this incident (include name & contact information):

Incident reported by: _____ Incident reported to: _____

Date/time of Notification: _____ ____ a.m. ____ p.m.

Others Notified (911 call, OHS Division, etc.): _____

Comments:

Distribution by Supervisor to:

Director/Manager (within 24 hours)

Distribution by Director to:

Deputy Minister (within 48 hours)

Central Incident Resources

Other (List) _____