

	FRM-2.11	Incident Re	port F	orm			
Part A – Occurrence Detail				-	ort No.:		
Injury Hazard	Near Miss	Property Da	amage	Envi	ronmenta		CTV eference:
Name of person making report:Re			Rep	ort date:_	<u>.</u>		
Brief description of occurro							
PART B – Injury details (To be	completed by Find	t Aidon Ifmatan	••	laagamma	and dimen	the to DADT	
Name of Injured person:	completed by Firs	t Alder, II not an	t injury p	nease pro	Age:		<u>c)</u> x: M F
Address & contact details:				Incident date: Time:			
Type of injury::					Treatme	nt:	
Cause:					Lost time	e:	
PART C – Risk Assessment (To be completed for any hazard w reporter)	-	potential for injur	y, harm o	r damage i	n consultati	on with incid	lent
Consequence Description	Likelihood Description			14		quences	T . •
Major Death or extensive injuries	A Is expected	to occur	A	Major		te Minor	
	B Could prob	ably occur		H H	H H		M M
damage Moderate Medical treatment or		r, only rarely	Likelihood	H H	n M		
Moderate Damage	D May occur, never	but probably		n M	M M		
<u>Minor</u> First aid, Minor damage <u>Insignificant</u> No treatment or damage	liever	WIII		171	IVI		
PART D – Corrective Action (To be completed by supervisor where incident occurred in consultation							
Hierarchy of Controls: ELIMINATION: (Remove hazard) ISOLATE: (barrier or fence) MIN Action Taken / Recommended							
1. Actio	т такеп / кесотт	ienaea			Whom	When	When

2.		
3.		

HA&I additional information

Part D – Additional Corrective Action – (additions to page 1)			
Action Taken / Recommended	Whom	When	When
1.			
2.			
3.			
4.			
5.			

THIS FORM IS NOT TO BE USED FOR AN ACCIDENT INVESTIGATION

PART E – Sign Off (Please forward a copy to the Manager and Supervisor for review)				
Supervisor – date & signature:	Manager - date & signature:	Safety Committee review:		
Entered in Incident & Acciden	t Database: Date:	By:		