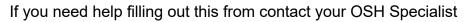
Please Select County to determine your OSH Specialist

Your OSH Specialist:

Phone Number:

**Email Address:** 





## HAZARD / INCIDENT REPORT FORM

## Part A - Form Details

Tult A Torm Botano								
Person Completing the Form								
Person Type: ☐Employee ☐ Contractor ☐ Pa	rrt-time Employee   Visitor							
First name:	Last name:	name:						
Email:	Job Title:	Title:						
Group / Identifier:								
Sub-Group:								
Report to be Sent to	Sent to Supervisor	Sent to Union						
Supervisor:								
Union Representative:								
Incident Details								
Incident Type: ☐ Incident – With Injury ☐ Incident – Without Injury ☐ Hazard ☐ Near Miss								
Description of Incident/Hazard:								
Date of Incident/Hazard:	Time of Incident:	Date Reported:						
Reported To:								
Location of Incident/Hazard:	Building:	Room:						
Specific Location:								
Part B – Injury Details: Only complete for	Incident – With Injury'. Otherwise	proceed directly to Part C.						
Injured Person								
Person Type: Employee Contractor Pa	art-time Employee   Visitor							
First name:	Last name:							
Email:	Phone:							
Level of Treatment:								
Deposit calls Disat Aid DAAdical Tree	eter out. Distant de Cook Modical Tra	estero ant						
Report only First Aid Medical Treat Name of First Aider or Treatment Provider:	atment	eatment						
Name of First Aider of Treatment Frovider.								
Nature of Injury: Cut Bruising Bite	e/Sting 🔲 Burn 🔲 Crush 🔲 Dislo	ocation						
☐ Other								
Body Location:								
Description of Illness/Injury:								

## **Part C: Corrective Actions**

Contributing F	actors								
Details:  Lack of or inadequate plant/equipment									
☐ Lack of or inadequate procedures/instructions									
☐ Lack of or inadequate training									
☐ Lack of or inadequate management/supervision									
☐ Inappropriate or inadequate work environment									
☐ Inappropriate actions and/or behaviour									
Lack of or ina	adequate man	agement system							
☐ Other									
	ont: Chassa	1 Consequence e	nd 1 Like	lihood e	nd uce	chart to	determine Risk Level		
NISK ASSESSIII	ent. Gnoose	r consequence ar	IU I LIKE		mu use	Chart to	☐ High		
Consequence Likelihood	☐ Minor ☐ Unlikely	<ul><li>☐ Moderate</li><li>☐ Possible</li></ul>	☐ Major		Severe Almost	Certain	<b>──</b> ☐ Medium		
	_ ,	_		CONSEQ			Low		
			Minor	Moderate	Major	Severe			
		Almost Certain	М	M	Н	Н			
		Likely Possible	L	M	Н	Н			
		ATTA BANKSTON	L	L	M	Н			
		Unlikely	L	L	M	M	c		
Compating Act	iono								
Control Type:		Substitution [] Is	solation	□ Engin	eering	☐ Admin	nistration		
Corrective Action			Solation		eening	Aumin			
Person Responsi	ble:								
Action/s complete	ed:  Yes	] No, target date for	completion	on:					