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Hazard / Incident / Accident Report Form

Whenever a hazard, incident or accident occurs it is important that we record the details of what happened, what (if any) injury was sustained, what investigations occurred, and what action will be taken to prevent recurrence.

Part 1 – To be completed by the employee

Name of employee: _____ Date: _____

Time of incident / accident: _____ Host Employer: _____

1. Describe what happened including area and task, equipment and people involved.

_____

_____

2. Nature of injury (if applicable)

_____

_____

3. Has medical treatment been received? If so, please provide details below

_____

_____

4. Possible solutions to prevent recurrence:

_____

_____

Part 2 – To be completed by Consultant

Results of investigation:

_____

_____

Action to be taken to prevent recurrence:

Action	Responsibility	Completion Date

☐ Feedback has been given to person who reported the hazard / incident / accident.

Employee Signature: _____ Date: _____

Consultant Signature: _____ Date: _____