

[Farm Name] Incident Report Form

Receive & Control the incident

Complete only Page 1 if this is a Close Call. Complete Pages 1 & 2 if this is a Loss-Type incident

Incident type: ☐ Injury/Illness ☐ Property Damage ☐ Fire
☐ Spill ☐ Vehicle Collision ☐ Close Call

Incident Date (dd/mm/yy): _____ Time: _____

Specific Location: _____

Name of Worker(s): _____

Occupation: _____

Age: _____ Gender: _____ Experience: _____

☐ First Aid ☐ Medical Aid ☐ Modified Work ☐ Lost Time ☐ Fatal ☐ N/A

Object/Equipment/ Substance inflicting injury/Damage: _____

Witnesses: Names & Phone Numbers: _____

Investigate the Scene

Describe in detail events leading up to the incident, the incident itself, and results of the incident:

{Diagram of Scene and Attach Photos}

What was the immediate cause of this incident? _____

What were the underlying causes of this incident, if any? _____

What training, instruction and cautions were given that may have prevented the incident? _____

Emergency Services Called: _____

DISCLAIMER: This policy sheet example is provided by Farm Safety Nova Scotia as a general overview for information purposes only. Farmers are responsible for modifying the example to suit each individual farm.

Refer to section 5:1 of Farm Safety Nova Scotia's "A Guide to Your Farm Safety Plan".

Rev: 06/2019

(i.e. Police, Fire Dept, NSP, Ambulance)

Time of Response by Emergency Service: _____

Emergency Services Member's Name & Badge # or copy of emergency services report:

* First Aider: _____ Treatment Performed: _____

Was there any physical damage to the premises (Describe): _____

Post incident Follow Up

Injured persons taken for emergency treatment to _____

Injured persons shuttled by: _____ Date/Time: _____ / _____

WCB Injury Report completed by: _____

WCB Injury Report submitted in (Date/Time): _____ / _____

Repairs to property damage authorized for completion: _____

Repairs to be completed by: _____ Date/Time: _____ / _____

Cost of repairs: \$ _____ P.O.# _____

Insurance Details: _____

Recommendations for preventative measures:

Signed: _____ Supervisor on Duty at: _____ (time), on _____ (date).

Review & Implementation

Recommendations implemented by whom: _____ Date: _____

Reviewed by: _____ Date: _____

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