**<< 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: 🞏 Vehicle/Equipment Collision 🞏 Property Damage 🞏 Fire 🞏 Spill

🞏 Violence/Harassment 🞏 Close Call/Near Miss 🞏 Injury/Illness

Incident Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ 🞏 AM 🞏 PM Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ 🞏 AM 🞏 PM Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Worker(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Weather: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Near Miss:** *Severity Potential:* 🞏 Minor 🞏 Moderate 🞏 Serious *Probable Recurrence:* 🞏 Rare 🞏 Occasional

**Injury Type:** 🞏 First Aid 🞏 Medical Aid 🞏 Modified Work 🞏 Lost Time 🞏 Fatal 🞏 N/A

**Incident Reported to**: 🞏 WCB 🞏 OHS 🞏 RCMP 🞏 Police 🞏 Client 🞏 Owner

Tool/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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal Factors*: 🞏 Physical 🞏 Mental 🞏 Lack of Knowledge 🞏 Lack of Skill 🞏 Stress

🞏 Improper Motivation 🞏 Not Capable 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Job System Factors:* 🞏 Poor leadership 🞏 Poor Engineering 🞏 Poor Purchasing 🞏 Poor Maintenance

🞏 Inadequate tools/Equip./Materials 🞏 Poor Work Standards 🞏 Wear & Tear 🞏 Abuse & Misuse

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Type of Event:* 🞏 Struck Against 🞏 Struck By 🞏 Caught In 🞏 Caught On 🞏 Contact With

🞏 Caught between 🞏 Fall/Slip/Trip 🞏 Fall to Lower Level 🞏 Overexertion/Overload

🞏 Overstress 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Services Called: (i.e. Police, Fire Dept, NSPI, Ambulance): 🞏 YES 🞏 NO 🞏 N/A

Emergency Services Name & Badge #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Report Provided: 🞏 YES 🞏 NO 🞏 N/A

\* First Aider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treatment Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Fatigue Level**: 🞏Alert 🞏 Somewhat Alert 🞏 Somewhat Tired 🞏 Extremely Tired 🞏 Completely Tired

Fatigued before starting work? 🞏 Yes 🞏 No \*Amount of Sleep in last 24 hours? \_\_\_\_\_72 hours? \_\_\_\_

**WCB & Insurance Details:** 🞏 N/A, if no injury 🞏 Time Loss 🞏 Modified Work 🞏 Fit for Full Duties

**Nature of injury:** 🞏 Contusion 🞏 Burn/Scald 🞏 Concussion 🞏 Cut/Open Wound 🞏 Dermatitis 🞏 Fracture 🞏 Dislocation 🞏 Foreign Body 🞏 Pinch 🞏 Puncture 🞏 Poison 🞏 Respiratory 🞏 Sprain/Strain 🞏 Other

**Body part(s) affected**: 🞏 Right 🞏 Left 🞏 Both

🞏 Ankle 🞏 Arm 🞏 Chest 🞏 Ear 🞏 Eye 🞏 Elbow 🞏 Hand 🞏 Finger 🞏 Foot 🞏 Hip 🞏 Leg 🞏 Knee

🞏 Shoulder 🞏 Thumb 🞏 Wrist 🞏 Head 🞏 Neck 🞏 Mouth 🞏 Nose 🞏 Teeth 🞏 Stomach 🞏 Trunk 🞏 Back

Injured persons taken for emergency treatment to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injured persons shuttled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ 🞏 AM 🞏 PM

WCB Report Completed: 🞏 YES 🞏 NO 🞏 N/A Submitted: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ 🞏 AM 🞏 PM

REPAIRS:

Repairs to property damage authorized: 🞏 YES 🞏 NO 🞏 N/A

Repairs to be completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ 🞏 AM 🞏 PM

Cost of repairs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O.# \_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended Corrective Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority** | **Corrective Action** | **By Whom** | **Target Date** | **Completion Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Severity : 1. Immanent 2. Serious 3. Minor 4. OK 5. N/A Probability: A. Probable B. Reasonably Probable C. Possible D. Remote

Review & Implementation

Manager/Supervisor Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSC/HSR Member Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Owner Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_