

INCIDENT REPORTING FORM

Date of Incident: _____ Time of Incident: _____ Employee Name/Student ID: _____

Original Report: Incident Update: Update #: _____

Incident Type:

Medical Emergency: Fire: Workplace Violence: Explosion:

Bomb Threat: Natural Disaster: Chemical Accident: Severe Weather:

Location/Site of Event:
Initial Situation/Summary of Incident:
Anticipated Action/Action Undertaken:
Agencies Involved in Response:

Severity of Incident: Major: Moderate: Mild: Unknown:

Injuries Sustained:

Post-Incident

Outcome of the Incident (property damage, hospitalization of staff, etc.):
Contributing Factors to the Incident:
Corrective Measures Undertaken:

In the event of death/severe injury, major release of hazardous substance, fire/explosion, blasting accident causing injury, incident involving explosives, or major structural failure, WorkSafe BC must be notified immediately. The President or Designate, or most senior staff member present must call (604) 276-3301 and report the incident as soon as possible.

WorkSafe BC notified (if necessary): Joint Health & Safety Committee notified (if necessary):

Employee Signature: _____ Date: _____

President or Designate Signature: _____ Date: _____