Project Name:

Site Manager:

Date of Occurrence:

Address:

Contact #:

Investigation Date:

NATURE OF REPORT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| personal | injury | property | vandalism | suspected criminal | activity | other: |  |

PERSONAL INJURY



Nature of injury:



critical

non-critical



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Describe extent of injury: | | | | | | | | |
| Individual is: |  | | | | | |  | |
|  | a site employee a visitor a member of the public other: | | | | |
| Name of individual: |  | | | | Home address: |  | | |
| Age (if individual was injured): |  | | Yrs exp: |  | Contact no. |  | | |
| Employer (if a worker on the site): |  | | | | Occupation / position: |  | | |
| Supervisor: |  | | | | Contact no: |  | | |
| Sub of trade: |  | yes no | | | Subcontracted by: |  | | |
|  |
| Local first aid administered: |  | | | Describe treatment: |  | Name of first aider: | |  |
|  | yes no | |
|  | | |
| Emergency service(s) attended: |  | | | | | | |  |
|  | no ambulance fire police Emerg. service report no. | | | | | |
| Name of hospital: |  | | | | Address: |  | | |
| Ministry of Labour notified: |  | | | Name of inspector: |  | OHS Case ID: | |  |
|  | yes no | |

PROPERTY DAMAGE / VANDALISM / SUSPECTED CRIMINAL ACTIVITY or OTHER



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual is: |  | a site employee a visitor a member of the public other: | | | | |  |
|  |
|  | | | | | |
| Name of individual: |  | | | | Home address: |  | |
| Age (if individual was injured): |  | | Yrs exp: |  | Contact no. |  | |
| Employer (if a worker on the site): |  | | | | Occupation / position: |  | |
| Supervisor: |  | | | | Contact no: |  | |
| Sub of a trade: | yes no | | | | Subcontracted by: |  | |

WITNESS(ES)



yes no

witness statements attached



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If witness statements are not attached, explain why: | | |  | | | | |
| Name of witness: |  | | Employer: |  | | Contact no. |  |
| Name of witness: |  | | Employer: |  | | Contact no. |  |
| Name of witness: |  | | Employer: |  | | Contact no. |  |
| Date & time of incident: |  |  | am pm Exact location of incident: | | |  | |
| Date & time reported: |  |  | am pm | | | | |
| Reported by: |  | | Employer: |  | Contact no. | |  |
| Reported to: |  | | Employer: |  | Contact no. | |  |



CIRCUMSTANCES OF OCCURRENCE (be as specific as possible, include diagrams and/or photographs)

|  |
| --- |
| Does the contractor / employer have a written policy or safety procedure for performing the task the worker was involved in? |
| yes no If yes, give a brief explanation or include a copy of the written policy / procedure with this report. |

Describe damaged property, vandalism, suspected criminal activity or other (include photos)



n/a

IMMEDIATE CAUSE OF OCCURRENCE

UNDERLYING CAUSE

ACTIONS TAKEN TO PREVENT RECURRENCE

|  |
| --- |
| Witness statements attached yes no |
| Photos attached yes no |

This report distributed to:



(check applicable boxes)

Site Manager Name:



Asst. Site Manager Name:

Project Manager Name:

H&S Manager/ File Name:

H&S Cert. Worker Rep/ JHSC Name:

Other Name:

Investigated By

Assisted By

Signature

Signature:

Date

Date