WORKPLACE INCIDENT REPORT FORM

INSTRUCTIONS

Fill out this form to report a workplace incident that resulted in injury, illness, or a near miss. Return completed form to info@thetoptutors.com

THIS FORM SERVES TO DOCUMENT select all that apply

	LOST TIME / INJURY		FIRST AID		INCIDENT		CLOSE CALL		OBSERVATION

PERSON(S) INVOLVED	EQUIPMENT / OTHER INVOLVED

INCIDENT DETAILS

LOCATION	DATE OF INCIDENT	TIME

WITNESSES

INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. Attach additional pages as necessary.

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition?

TO BE COMPLETED ONLY IF LOST TIME / INJURY OR FIRST AID WAS REQUIRED				
TYPE OF INJURY SUSTAINED:				
CAUSE OF LOST TIME / INJURY OR FIRST AID:				
Was medical treatment necessary?			If yes, name of hospital / doctor:	
	YES		NO	

EMPLOYEE SIGNATURE	DATE	Tsz Wai Cheung (Company Director)	DATE