

INCIDENT REPORT

INJURED PARTY/COMPLAINANT TO COMPLETE, SIGN, DATE & SUBMIT ORIGINAL TO HEALTH & SAFETY DEPT. WITHIN 24 HOURS OF THE EVENT incidentreports@northern.on.ca

Person Involved: Employee Student Employment Options Client Contractor Visitor
Employment Options Empl

*** INDICATES SECTIONS THAT MUST BE COMPLETED

A. *** INCIDENT CLASSIFICATION (PLEASE CHECK ALL THAT APPLY)

NO TREATMENT (REPORT ONLY)	<input type="checkbox"/>	CRITICAL INJURY	<input type="checkbox"/>
FIRST AID TREATMENT	<input type="checkbox"/>	MEDICAL CONDITION (PERSISTING)	<input type="checkbox"/>
MEDICAL TREATMENT	<input type="checkbox"/>	EQUIPMENT/PROPERTY DAMAGE	<input type="checkbox"/>
LOST TIME	<input type="checkbox"/>	UNSAFE CONDITION (NEAR MISS)	<input type="checkbox"/>

INCIDENT FOR ALL MEDICAL TREATMENT AND LOST TIME INJURIES WITHIN 24 HOURS.

B. *** PERSONAL INFORMATION OF INJURED PERSON

Full Name: _____ (Male Female) DOB: _____
Date of Incident/Incident: _____ Time of Incident/Incident: _____ a.m./ p.m.

*** (Must fill out ONE of the relevant sections below.)

C. IF THE INJURED PERSON IS AN EMPLOYEE, FILL OUT SECTION C

Job Title: _____ Name of Supervisor: _____
Hire Date: (MM/DD/YY) _____ Department: _____

D. IF THE INJURED PERSON IS A STUDENT or STUDENT ON PLACEMENT, FILL OUT SECTION D

Program Name: _____ Campus Location: _____
Program Coordinator: _____ Was the incident program related? Yes No
Did the incident occur on placement? Yes No
(attach copy of contract agreement)

E. IF THE INJURED PERSON IS AN EMPLOYMENT OPTIONS CLIENT, FILL OUT SECTION E

Job Title: _____ Hire Date: _____
Job Site Location: _____ (attach copy of contract agreement)
Employment/ Placement Consultant: _____

F. IF THE INJURED PERSON IS A CONTRACTOR or VISITOR, FILL OUT SECTION F

Contractor Tel: _____
Company Name and Address: _____ College Contact: _____
 Visitor Tel: _____
Name and Address: _____

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