Incident, Near-Miss & Accident Form

Staff Name	***Surname***	***First Name***	
I am reporting:	**1. Incident**	**2. Near Miss**	**3. Accident**
Definitions:	*I saw something that could cause an at-work injury.*	*Something happened and I was nearly injured at work.*	*Something happened and I was injured at work.*

When did it occur?	*(circle one):* **M T W Th F St Su**	**(date):**	**(time):**	**Time started at work:**
Where were you?				
Who saw it happen?				

Please describe what happened or what could have happened

You need to be as specific as possible (i.e. not just I dropped something on my foot)

Your Signature: **Date Reported:**

Your on-site Supervisors signature:

If you are reporting an accident, please fill out the other side of this page

SEND THIS FORM TO YOUR CANSTAFF CONTACT AS SOON AS POSSIBLE

What type of accident was it?	What part of your body was injured?			What was the nature of your injury?	
❑ Slip, Trip, Fall ❑ Chemical ❑ Hit ❑ Other:	❑ Head ❑ Neck ❑ Chest ❑ Abdomen ❑ Hips/Groin	❑ Back ❑ Arm (R or L) ❑ Leg (R or L) ❑ Hand (R or L) ❑ Foot (R or L)	❑ Eye ❑ Ear ❑ Other:	❑ Cut ❑ Bruise ❑ Burn ❑ Sprain	❑ Break ❑ Concussion ❑ Amputate ❑ Other

Treatment of Injury	Did you stop work?	Do you have any additional comments or requests related to this accident?
❑ None ❑ Doctor – hospitalization ❑ First Aid only ❑ Hospital *If Doctor or hospitalization is required please take the RTW documents you were sent in your H&S induction book*	❑ Yes – For how long? ❑ No	

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Office use only

This form was received on (date)	
Received by (signature)	
Entered into Accident & Incident Register?	
Completed Accident Investigation Form?	
This Incident, Near-Miss & Accident has been given this Investigation #	