Incident Report Form

|  |
| --- |
| Personnel Details (involved in the incident) |
| Incident Type:  |
| Your name:  |
| Your position at time of incident: |
| Workplace supervisor at time of incident: |
| Have you told your supervisor about this incident? ¨ Yes ¨ No  |
| Incident Details |
| Date of incident:  | Time of incident: |
| Date incident reported: | Reported to whom:  |
| Where did it happen? |
| Name of any witnesses: |
| Description of the incident: *What happened / breakdown of the event* |

|  |
| --- |
| Details of Injury |
| Type of injury: *What type of injury*  |
| Who was injured:  |
| Location of injury: *Body part affected* |
| Have you seen a doctor about this? ¨ Yes ¨ No  |
| If yes, whom did you see? Date: Time: | Doctor’s phone number: |
| Treatment Outcome: |
| Have you injured this body part before? ¨ Yes ¨ No  |
| If yes, when?  |
| Your signature:  | Date:  |
| Edge Recruitment signature:  | Date:  |

*Please complete and forward this form to Edge Recruitment within 24 hours of incident*