Incident Report Form

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| 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* | |

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| 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*