

INCIDENT REPORTING FORM

Use this form to report any workplace accident, injury, incident, close call or illness. Return completed form to the School Coordinator.

This is documenting an:

Lost Time / Injury First Aid Incident Close Call Observation

Details or person injured or involved:

To be filled in by person injured/involved if possible:

Person Completing Report: _____ Date: _____

Person(s) Involve: _____

Equipment : _____

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus

780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8

Event Details:

Date of Event: _____ Location of Event: _____

Time of Event: _____ Witnesses: _____

Description of Events:

Describe tasks being performed and sequence of events

**if more space is required, please use the back of this sheet*

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

INCIDENT REPORTING FORM (CONT.)

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? YES NO

If yes, name of hospital or physician: _____

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Student Signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____