

ACCIDENT – INCIDENT – NEAR MISS REPORTING FORM & INVESTIGATION REPORT

SECTION 1 – ACCIDENT – INCIDENT – NEAR MISS

PART A

Name of Employee: _____

Name of Supervisor: _____

Employee Telephone Number: _____

Supervisor Telephone Number: _____

REPORT TYPE

- Report
- Accident
- Incident
- Hazard
- First Aid
- Lost Time
- Non-Lost Time

If report, please complete Section #1 – Parts A, B and F. Supervisor will retain report and give copy to employee.

PART B

Date of Accident – Incident – Near Miss: _____

Part(s) of the Body Injured:

Location/Area of Accident – Incident – Near Miss or Hazardous Situation:

Number of Witnesses:

Name and Contact Information of Witnesses: *(Use a separate paper for additional witnesses)*

Witness #1

Name:
Address:
Telephone Number:
Email:

Witness #2

Name:
Address:
Telephone Number:
Email:

Witness #3

Name:
Address:
Telephone Number:
Email:

PART C

TREATMENT OF INJURY

Did the employee receive first aid?

- Yes
- No

If yes, give treatment details:

Did the employee attend a hospital or physician?

- Yes
- No

If yes, what hospital/physician, date and time, address, phone number, and give transportation details: (e.g. ambulance)

To your knowledge, has the person had a similar injury?

- Yes
- No

If yes, explain:

SECTION #2 – INVESTIGATIVE REPORT

Immediately investigate if any of the following: Fatality, critical injury, lost time, occupational illness, property damage, fire or environmental release.

Is the employee absent from work due to this Accident – Incident – Near Miss?

- Yes
- No

Date Last Worked: _____

Hour Last Worked: _____

Contributing Factors:

- Hazardous method/procedure used
- Improper position/posture
- Inadequate personal protective equipment
- Incorrect/defective tools
- Unsafe design or construction
- Adverse weather conditions
- Hazardous housekeeping or arrangement
- Inexperience of person performing the task
- Training/job instruction inadequate
- Inadequate guarding or material & equipment
- Inadequate lighting/ventilation
- Other

Details and Factors:

Employee or Persons Responsible:

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

For additional employees or person use a separate sheet of paper.

PART F

Investigated By:

Name of Supervisor: _____

Telephone Number of Supervisor: _____

Signature of Supervisor: _____

Date: _____

Reviewed By:

Name of Management Official: _____

Position of Management Official: _____

Telephone Number of Management Official: _____

Date: _____

JHSR Signature: _____

Date: _____

SEND COMPLETED FORM IMMEDIATELY TO: skyline@skylinecanadainc.com

PART G

Distribution List:

- Client
- Skyline head office
- JHSR
- Ministry
- Police services
- WSIB
- Corporate insurance
- Employee

Skyline Accident – Incident – Near Miss Reporting Form & Investigation Report and amendments thereto are the sole property of Skyline and no duplication or reproduction is permitted to be caused without the expressed written consent of Skyline

THIS REPORT CONTAINS _____ PAGES

COMPLETE WITNESS STATEMENTS BELOW

