

Incident Report Form

Use this form (or equivalent form in use by your company) to report accidents, injuries, property damage, or significant near miss events. Complete this form within 24 hours of the event and submit to the ITC Operations Manager. Attach additional information to this form as needed. Any incident requiring medical care (other than basic first aid) must be followed by an investigation (no investigation form is provided)

Date of incident

List personnel involved in incident (name, title, company)

List personnel witnessing the incident (name, title, company)

Detailed Location of incident

Detailed Description of Incident (attached additional pages, photographs and sketches if necessary)

Describe medical treatment provided including first aid, emergency room, clinic (if any)

Describe general extent of injuries and/or property damage (if any)

Date of Report

Report Written by (name, title, company)