INCIDENT REPORT FORM



This form to be completed for all job-related injuries or illnesses – regardless of extent.

Must be completed by supervisor within 12 hours of incident where possible BXM should receive this withing 24 hours after the expedition

THIS FORM SHOULD BE USED FOR ACCIDENTS, INCIDENTS, ILLNESSES AND NEAR MISS INCIDENTS WHERE STAFF OR PARTICIPANTS ARE INVOLVED.

Name				Job Tile		
First	Middle		Last			
		AM		AM		
Date of Injury:	Hour:	PM	Time Left Work:	PM Date of Birth:		
Name of person filling the form		Name of Instructors involved		Date Reported to BXM		
Exact Location of Accident:				Name of Witness:		
Describe Accident (What were th	ey doing?)					
Hosipital details if applicable			Details of h	Details of home contact if applicable		
ACTION	BODY P	ART INJURED	•	NATURE OF INJURY		
□ FIRST AID CASE ONLY	□ HEAD	□ FACE	□ EYE	□ ABRASION □ LACERATION □ PUNCTURE		
☐ REQUIRED DOCTOR'S CARE	□ NECK	□ BACK	□ CHEST	□ BRUISE □ FRACTURE □ BURN		
□ HOSPITALIZED	□ ARM	☐ HAND	☐ FINGER	□ SPRAIN/STRAIN □ FOREIGN BODY □ POISON OA		
□ OSHA NOTIFIED	□ LEG	☐ KNEE	□ ANKLE	☐ COLD INJURY ☐ HEAT NJURY ☐ DEMATITIS		
□ TIME LOSS	☐ FOOT	□ TOE		□ LOSS OF □ OCCUPATIONAL		
□ NO INJURY/NEAR MISS	□ OTHER _			CONCIOUSNESS ILLNESS		
				□ OTHER		

ADDITIONAL NOTES

INSTRUCTOR TO COMPLETE FOLLOWING DEALING WITH THE INCEIDENT

Did you personally view the incid	ent site? □Yes □ No	Employee Category	l Faculty ☐ Staff ☐ Student		
UNSAF	E ACTS	UNSAFE CONDITIONS			
	□ HORSEPLAY □ FAILURE TO USE PERSONAL PROTECTIVE DEVICES □ FAILURE OT OBSERVE SAFETY REGULATIONS □ LACK OF TRAINING OR KNOWLEDGE □ PREVENTABLE VEHICLE ACCIDENT □ SLIPS AND FALLS □ FAILURE TO LOCK OUT/TAG OUT □ OTHER: T (Must be completed by Supervisor		□ INADEQUATE WARNING SYSTEM □ HAZARDOUS STORAGE OR ARRANGEMENT □ HAZARDOUS DRESS OR APPAREL □ HAZARDOUS WORK PROCEDURE □ HAZARDOUES WEATHER OR ENVIRONMENT □ CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ECT. □ OTHER:		
WHAT PRACTICAL CORRECT	CTIVE ACTION CAN BE TAKEN	I BY BXM TO PREVENT RECURI	RENCE?		
SUPERVISOR'S SIGNATURE _		DATE	B		
BXM REVIEW SIGNATURE		DATE_			