

Incident Information	
<b>General</b>	
Incident Date:	Time of Incident: AM PM
Date Reported:	Time Reported: AM PM
Reported to whom:	
<b>Location of Incident</b>	
<b>Person(s) Involved</b>	
Name:	Position:
Name:	Position:
Name:	Position:
<b>Witness(s) and/or those providing assistance</b> <i>(complete contact information if not TLC worker)</i>	
Name:	Contact Information <i>(i.e. phone number):</i>
Name:	Contact Information <i>(i.e. phone number):</i>
Name:	Contact Information <i>(i.e. phone number):</i>
Name:	Contact Information <i>(i.e. phone number):</i>
<b>For Injury Incidents</b>	
<b>First aid given:</b> No Yes by whom?: First aid form completed No Yes	
<b>Was medical attention required:</b> No Yes if yes, was WCB forms completed No Yes	
<b>Describe Injury:</b>	
<b>Description the incident:</b> Explain in detail how it happened i.e. in a lifting incident; include size & weight of objects involved and where it was being lifted from and to. What equipment, tools, materials, etc. were involved? What was the task being performed? What happened?	

SUBMIT

Signature