

Incident Information	
General	
Incident Date:	Time of Incident: AM PM
Date Reported:	Time Reported: AM PM
Reported to whom:	
Location of Incident	
Person(s) Involved	
Name:	Position:
Name:	Position:
Name:	Position:
Witness(s) and/or those providing assistance <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>
For Injury Incidents	
First aid given: No Yes by whom?: First aid form completed No Yes	
Was medical attention required: No Yes if yes, was WCB forms completed No Yes	
Describe Injury:	
Description the incident: 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?	