

Incident Report Form

It is critical that incidents involving occupants, patrons, and visitors on your premises be documented in an incident report form. Doing so allows your business to investigate the cause of the incident and take corrective action to prevent such an incident from occurring again in the future. Notify your insurer of a possible claim and ensure you report the name and position of the person to whom you reported the claim.

This report form should be retained on file as long as necessary, usually a minimum of two years, to assist in defence against potential claims. Incident report forms should be organized and stored in an electronic database that is backed up at regular intervals.

Administrative Details							
Facility name							
Date of report							
Street address		City		Province		Postal code	
Completed by				Title			
Email address				Phone number			

Insurance Information (Office use only)	
Insurance company	Policy number

Incident Information			
Date of incident		Time of incident	
Location	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Type of incident	<input type="checkbox"/> Bodily injury to others <input type="checkbox"/> Property damaged of others
Incident description			
Indoor conditions *Required if the incident took place indoors*		Outdoor conditions *Required if the incident took place outdoors*	
Quality of lighting	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	Weather	<input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Other - specify: _____
Flooring type	<input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other - specify: _____	Visibility	<input type="checkbox"/> Bright <input type="checkbox"/> Clear <input type="checkbox"/> Dark <input type="checkbox"/> Fog <input type="checkbox"/> Other - specify: _____
Flooring conditions	<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Worn <input type="checkbox"/> Damaged <input type="checkbox"/> Other - specify: _____	Surface type	<input type="checkbox"/> Concrete or Asphalt <input type="checkbox"/> Aggregate (i.e. gravel, etc.) <input type="checkbox"/> Grass <input type="checkbox"/> Other - specify: _____
		Surface conditions	<input type="checkbox"/> Dry <input type="checkbox"/> Ice <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Other - specify: _____
Emergency medical services contacted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Police services contacted		<input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, provide required information below	
Officer name		Phone number	
Badge number		Detachment	

Injured Parties (If applicable)

Name		Date of birth	
Address		Phone number	
Injury description		Fatality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial treatment		Hospital treatment	
Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation method	
Performed by		Hospital name	
Treatment details		Time of arrival	

Damaged Property of Others (If applicable)

Owner of damaged property	
Address	
Phone number	
Description of damaged property	

Witnesses

Witness #1		Witness #2	
Name		Name	
Address		Address	
Phone number		Phone number	
Email address		Email address	

Additional Details (If applicable)

Use this area to describe the overall condition of the premises as it relates to slip, trip, and fall hazards, as well as notable changes from the previous inspection, areas of concern, and any follow-up actions that are required.

Corrective Actions

Use this area to describe corrective actions taken to prevent reoccurrence of similar incident, including dates in which they were implemented.