

## Customer Information

Business Name: \_\_\_\_\_  
 Name of person reporting incident: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Incident Detail

Site/Location of Incident: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Incident reported by: \_\_\_\_\_ Time of Notification: \_\_\_\_\_  
 Type of Incident:                      Public Health                      Workplace Health and Safety  
    Environment                                      Near Miss, hazard or Injury  
    Equipment Damage                                      Other – provide details

## Incident Description

Description of Incident (attach extra pages if necessary):

Suspected cause of Incident (attach extra pages if necessary):

Harm or Nuisance resulting (attach extra pages if necessary):

Actions taken to resolve incident (attach extra pages if necessary):

Has this same incident occurred before?                      Yes                      No

If so, list dates of all other occurrences: \_\_\_\_\_