

## 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):

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

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

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

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Has this same incident occurred before? Yes / No

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