Incident / Close Call Reporting Form

Date of Incident: _____   Company: _____

Date Reported: _____   Location: _____

Reported By: _____   Type of Job: _____

☑ **Category**
☐ Close Call   ☐ Bodily Injury/Illness   ☐ Lost Time   ☐ Spill ☐ Fire ☐ Vehicle incident / damage ☐ ATV/Snowmobile Incident/Damage   ☐ Equipment Damage ☐ other:
Notes:
Diagram: Photos are available? ☐ Yes ☐ No
Names/contact info of any individual or witnesses involved in incident / close call:

Does the incident include property damage, injury or have the potential for a more serious consequence? If Yes, complete a full incident investigation.	☐ **Yes** ☐ **No**

Supervisor: _____   Date:_____