Incident Report

## Instructions:

1. Use this form to report accidents/incidents/near misses. The report should be submitted within 24 hours of the events.
2. All safety incidents and “near-misses” must be documented by an incident report. Events that mandate an incident report include but not limited to: safety alarm triggers (true and false alarms); chemical spills; accidents involving humans or equipment; significant damage to hazardous equipment; explosions; fires; events that triggered an evacuation; gas-leaks; arcing; and unauthorized access.
3. All incident reports must be sent by dept. safety champion to OLSEH, either by email or uploaded to OLSEH website.
4. The goal of the incident report is to keep record for posterity. Repeated incidents should trigger change in procedure and policies.
5. Incident reports will be kept confidential, unless mandated otherwise by law or Institute administration.
6. After submission of incident report, investigation must be undertaken following an incident to initiate corrective actions.

## Specifics

|  |  |  |
| --- | --- | --- |
| 1 | Name of department |  |
| 2 | Location |  |
| 3 | Date and time  |  |
| 4 | Type of incident *(check what is applicable)* | 1. Violation
2. Alarm
3. Accident
4. Other
 |
| 5 | Incident spotted by/Eye witness |  |
| 6 | Incident attended by*(ERT head of this event)* |  |
| 7 | *Was anybody injured* | Yes No |
| 8 | *Was Medical treatment provided* | Yes No Not required |
| 9 | *Any Damage* *Brief If Yes :-* | Yes No |
| 10 | Current Status(*event is still active or resolved?)* |  |

## Brief Description of Event

With a reasonably detailed event timeline

## Action Taken

To resolve the event and to prevent them in the future

Persons responsible for this action

## Root Cause

What caused the event?

Others:

## Prevention Plan

What has-been/is-being done to prevent this in the future

Department safety champion**faculty in-charge**Department Chair