



ROYAL ROADS
UNIVERSITY

INCIDENT REPORT FORM

Location

Date _____ Time _____

Reported by _____ Department _____

Location of the incident _____

Tasks being performed when incident occurred

Injuries

Names of persons affected _____

Nature of injury _____

Possible cause of injury

Equipment, tool, substance being used prior to incident

Property, Equipment Damage

Damaged items _____

Type of damage _____

How did damage occur

Work Being Done When Incident Occurred

Description of work _____

Names of persons involved _____

Equipment(s) and tools used _____

Details (How incident occurred):

Sketch:

Please return a copy of the completed Incident Report Form to Human Resources.