

CHTTC | Canadian Hydrokinetic Turbine Test Centre

Incident Report Form

Use this form to report any workplace accident, injury, incident, close call or illness. Please e-mail the completed form to eric.bibeau@umanitoba.ca, umdautes@myumanitoba.ca, and umsoviaj@myumanitoba.ca.

1. Incident details

Injury/first Aid	Incident	Delay	Observation	Close call
Incident date: _____			Incident cause: _____	
Incident description				

People involved

Recommendations to prevent the incident

2. Injury details – if applicable

Name of injured person: _____	Injury reported to the WCB:	Yes	No
Description of injuries			

Medical attention or first aid required:	Yes	No
If applicable, medical professional consulted: _____		

3. Comments and photos - optional

4. Incident review - internal use only

Incident severity: _____	Incident frequency: _____	Risk priority factor: _____
Response description		

Response timing: _____

Reviewed by: _____