Centre of Abilities

CENTRE OF ABILITIES INCIDENT REPORT FORM

Instructions: Beneficiaries, workers and volunteers shall use this form to report all work-related injuries, accidents, incidents or medical situation. If possible, the report should be completed within 24 hours of the event and submitted to the HR. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

INFORMATION ABOUT PERSON INVOLVED IN INJURY/ ACCIDENT/ INCIDENT			
Full Name:			
Work Location:			
Phone Number:			
☐ Beneficiary	☐ Worker	☐ Volunteer	☐ Other

INFORMATION ABOUT THE INCIDENT	
Date of Incident:	**Time:**
Location of Incident:	
Description of Incident/Accident (what happened, how it happened, factors leading to the event etc.) Be specific as possible, attach additional sheets if necessary:	
Were there any witnesses to the incident? ☐ Yes ☐ No If yes, provide details (name, address and phone number)	
Was the individual injured? If so, describe the injury as much as you can (the part of body injured and any other information known about the resulting injury(ies).	
Was first aid or medical treatment provided? ☐ Yes No ☐ If yes, where was the treatment provided? ☐ Onsite ☐ Hospital ☐ Other	

REPORTER INFORMATION	
Individual Submitting Report (Name):	
Date Submitted:	**Signature:**
Report Received By:	
Date:	**Signature:**

FOLLOW – UP ACTION (document any follow-up action taken after receipt of the incident report)		
Date	**Action Taken**	**By Whom**

-- THE END --