1. **General Information**

|  |  |
| --- | --- |
| Project Title | Project Tender / No. |
| Project Location |  |
| Name of Person Reporting the Incident (Print Name) | Date Reported (YYYY-MM-DD) | Time Reported (AM/PM) |
| Name of Contracting Employer | Is Contracting Employer the Prime Contractor? (Check box if Prime Contractor) |
| If no, Name of Prime Contractor | Name(s) of Sub-contractor(s) |
| Health and Safety Contact / HSC Contact / HSR |  |

**B. Incident Details**

|  |  |  |
| --- | --- | --- |
| Location of Incident | Date Occurred (YYYY-MM-DD) | Time Reported (AM/PM) |
| **Incident Type:** |
| * Untreated
 | * First Aid
 | * Medical Aid
 | * Lost Time
 | * Near Miss
 | * Hazardous Condition
 | * Fatality
 |
| * Occupational injury/disease
 | * Fire / explosion
 | * Non-compliance
 |
| * Non-occupational injury/disease
 | * Security (theft, vandalism, arson)
 | * Work Refusal
 |
| * Exposure (biohazard, noise, extreme temp., smoke, chemical
 | * Motor vehicle
 | * Workplace Harassment
 |
| * Equipment damage
 | * Mobile equipment
 |
| * Property damage
 | * Physical / verbal/ assault
 |
| Number of people involved | Occupation of people involved |
| Description of incident (tasks being performed, what, when where, and how) |
| Immediate actions are taken: |
| Is this a Serious or Potential Serious Incident | Has a report been submitted to Alberta OHS? |
| * Yes
 | * No
 | * Yes
 | * No
 |
| Drug & Alcohol test (post-incident) | * Yes
 | * No
 |
| Status of Investigation: |

The Town of Grey Goose is committed to keeping personal information that it collects from its visitors, volunteers, customers, employees, and Contracting Employers accurate, confidential and secure. The Town of Grey Goose will disclose information in connection with a legal proceeding. Only the information specifically requested by legitimate authorities will be disclosed, questions regarding the collection of personal information may be made to 999-999-9999. This information is collected per the FOIP Act, Section 33(c)