

Date of Incident _____

Submitted By _____

Campus _____

Submitter Email _____

Location/Building _____

Did the incident result in: Injury Property Damage Near Miss Uncertain

Persons Involved (list additional individuals in **Incident Narrative** if necessary)

_____	Regular	Temp	Contractor	Student
_____	Regular	Temp	Contractor	Student
_____	Regular	Temp	Contractor	Student
_____	Regular	Temp	Contractor	Student

Incident Narrative

(Provide as much information as can be recalled. Do not theorize or offer opinions, just include the facts. List the names of any witnesses. If additional media or files need to be included with the report, please list them and attach them to the report e-mail once you have signed the report and clicked the submit button)

Worker Recommendations

(Please provide recommendations that might contribute to preventing future occurrences)

Review report prior to signing.

Signature _____

Once this page is completed and signed, please click **Submit** to send via email.

Review Date _____

Investigation Team

Second Review Date _____

Witness and Investigation Narrative

Provide the findings from witness questioning and evidence review. DO NOT include personal opinions or views.

Physical Findings

Note any measurements, samples taken or any additional files (digital pictures) that may be attached to this report.

Additional Comments**Conclusions**

All conclusions on contributing factors should be listed here. Include all possible causal factors. Do not list prevention points in this field.

Recommendations

Provide recommendations to the employee or the College on preventing future occurrences.

Signature
JOHSC Management _____Signature
JOHSC Union Representative _____*Once both signature fields are signed, send to Safety Manager and Senior Executive Member responsible for safety.*