INCIDENT / NEAR MISS REPORT

WHSE-003
(10 Feb 2021)

Incident details				
Incident no.:	**Date:**	**Time:**	**Location:**	**Client:**
Name:			**Job Title:**	
Nature of incident	☐ Near Miss ☐ Injury ☐ Property damage ☐ Dangerous event ☐ Electrical incident ☐ Environmental incident ☐ Other:			

Description of incident - (what happened, where, activity being performed at the time)

a. Injury

Body location of Injury	**Nature of Injury**	**Cause of Incident/Injury**
☐ Lower back (left/right) ☐ Upper back (left/right) ☐ Neck (left/right) ☐ Head/Face (left/right) ☐ Eye (left/right) ☐ Leg (left/right) ☐ Knee (left/right) ☐ Ankle (right) ☐ Hip (left/right) ☐ Shoulder (left/right) ☐ Arm/Elbow (left/right) ☐ Hand/Thumb/Fingers (left/right) ☐ Other: _____	☐ Sprains/Strains ☐ Cuts/Abrasions ☐ Infection/Illness ☐ Fracture ☐ Concussion ☐ Internal organs ☐ Bruising ☐ Burns/Scalds ☐ Medical conditions ☐ Psychological distress ☐ Other: _____	☐ Slips, trips, falls ☐ Body stress (lifting/movement) ☐ Body strain – repetitive action ☐ Hit by an object ☐ Insect bite ☐ Heat ☐ Child interaction ☐ Contact with electricity ☐ Exposure to chemicals ☐ Hand tools ☐ Power tools ☐ Other: _____

Outcome of Injury	☐ First aid ☐ Medical treatment ☐ Hospital ☐ Sent home ☐ Lost time: ____ **Comment:**

b. Property damage	**c. Witness(s)**
Damage to equipment/buildings/vehicles etc. • What was damaged • Extent of damage –	

Analysis and Prevention

Contributing factors	**Corrective actions**	**Who**	**When**

Completed by

Position	**Name**	**Date**
ARA Client Relationship Manager		
ARA HSE Representative		