





## Incident Report

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**Contributing Factors (What caused it)** – why do you think this happened? Any additional comments?

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**Actions Taken (What was done)** – what actions were taken to respond to the incident and/or prevent it from recurring?

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**Signatures** – please sign and date the report

Person Involved \_\_\_\_\_ Date \_\_\_\_\_  
Reporter (if different) \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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**Incident Category (to be completed by Safety Resources)**

- First Aid     Medical Aid     Near Miss     Property Damage     Equipment Damage  
 Motor Vehicle     Environment     Other

**Incident Classification**

- Low Risk     Medium Risk     High Risk     Dangerous Occurrence

**Comments**

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