Initial Occurrence or Hazard Identification Report

Reported By (your name):	Supervisor (if applicable):	Department & Section (if applicable):
Date Report Completed:	Date of Occurrence:	Time of Occurrence:
Location of Occurence:	**Occurrence Report (select all that apply)** ☐ Motor Vehicle Incident ☐ Damage to Property ☐ Injury (public or employee)	☐ Near Miss Report ☐ Hazard identification Report

People involved and/or witnessed:	Contact information (if not a City employee)

Were photos taken of the occurrence, hazard or near miss? ☑ Yes ☐ No

Note: additional reports are required to be attached for occurrence report
(see following pages)

Description of Occurrence, Hazard or Near Miss:

Recommendations to prevent a future occurrence or eliminate hazard:

1.

2.

3.

MOTOR VEHICLE REPORT (If applicable)

Vehicle 1 information

Plate:		Make:		Model:	
Colour:		Year:		Unit #:	
Owner:		Driver:		License#:	

Vehicle 2 information

Plate:		Make:		Model:	
Colour:		Year:		Unit #:	
Owner:		Driver:		License#:	

Vehicle 3 information

Plate:		Make:		Model:	
Colour:		Year:		Unit #:	
Owner:		Driver:		License#:	

Damages

Provide a Description of the Damage to the Vehicle:

☐ Police	Report#		Officer:
☐ MPI	Report#		Adjuster:
☐ Other	Report#		Name:

MOTOR VEHICLE REPORT Cont.

CONDITIONS: ☐ for Vehicle 1 ○ for Vehicle 2

Vehicle Manoeuvre:	☐ ○ Going Ahead ☐ ○ Reversing ☐ ○ Turning Left ☐ ○ Turning Right ☐ ○ U-turn ☐ ○ Merging	☐ ○ Changing Lanes ☐ ○ Pulling from Curb ☐ ○ Overtaking ☐ ○ Working at Job Site ☐ ○ Stopped/ Parked ☐ ○ Other

Road Type at scene of collision:

Type A: ☐ Type B: ☐

Other:

Please describe the direction of the vehicles that collided, and the location of the point of contact:

Road Type A Road Type B

Visibility:	☐ ○ Clear ☐ ○ Mist	☐ ○ Rain ☐ ○ Smoke	☐ ○ Snow ☐ ○ Dust	☐ ○ Sleet ☐ ○ Other	☐ ○ Fog
Road Conditions:	☐ ○ Good ☐ ○ Wet ☐ ○ Dry	☐ ○ Ice ☐ ○ Slush ☐ ○ Off Road	☐ ○ Loose Gravel ☐ ○ Snow Covered ☐ ○ Under Construction		
	☐ ○ Other				
Traffic Control:	☐ ○ Traffic Sign ☐ ○ Stop Sign ☐ ○ Yield Sign	☐ ○ Pedestrian Crossing ☐ ○ Police Control ☐ ○ School Guard ☐ ○ Uncontrolled			
	☐ ○ Other				
Direction of Travel:	☐ ○ North	☐ ○ South	☐ ○ East	☐ ○ West	
Road Type:	☐ ○ Asphalt	☐ ○ Gravel	☐ ○ Concrete	☐ ○ Off Road	
Alignment:	☐ ○ Straight	☐ ○ Curve	☐ ○ Hill	☐ ○ Level	
	☐ ○ Other				
Markings:	☐ ○ Good	☐ ○ Faded	☐ ○ None		

PROPERTY DAMAGE DETAILS (if applicable)		
Name of Owner:		
Owner's Address:		
Has the Owner Been Advised?	☑ Yes	☐ No
If yes, what was the owner instructed to do?		
Description of Property:		
Can the Property be Repaired?	☑ Yes	☐ No
Condition of the Property Prior to the Incident?		

INJURY TO PERSON (if applicable)

PERSONAL INFORMATION

Name:	Address:	Phone #:
Gender:	Age:	

Activity at Time of Incident (Select one only)

☐ Climbing	☐ Lying Down	☐ Sitting	☐ Kneeling	☐ Swimming
☐ Driving	☐ Lifting	☐ Standing	☐ Riding	☐ Skating
☐ Jumping	☐ Reach /Stretch	☐ Walking	☐ Running	☑ Other

Incident Type (Select one only)

☐ Fall from Elevation	☐ Rubbed/Abraded/Cut
☐ Fall on Same Level	☐ Bodily Reaction
☐ Struck Against	☐ Overexertion
☐ Struck By	☐ Contact with Electrical Current
☐ Caught In/Under/Between	☐ Contact with Temperature Extremes
	☐ Contact with Radiations/Caustics/Toxic
	☐ Contact with other Noxious Substances
	☑ Other

Nature of Injury/Illness (Select most serious one only)

☐ Amputation	☐ Sprain/Strain
☐ Burn/Scald	☐ Fracture
☐ Chemical Burn	☐ Hernia
☐ Concussion	☐ Bruise/Contusion
☐ Crushing Injury	☐ Occupational Illness
☐ Cut/Puncture/Abrasion	☐ Foreign Body Imbedded
☐ Exposure - Fumes/Poisons	☑ Other
☐ Flash	

Part of Body Affected (Select most serious one only)

☐ Eyes	☐ Fingers	☐ Feet/Ankles
☐ Head/Face/Neck	☐ Hand/Wrist	☐ Internal
☐ Chest/Collar Bone	☐ Leg/Knee	☐ Abdomen
☐ Upper Back	☐ Lower Back	☐ Arm/Shoulder

FIRST AID

Was First Aid given?	☐ Yes by whom?	☑ No
Describe Treatment Given:		

Transported By:	☐ Ambulance	☐ Co-Worker	☐ Self	☐ Other

Employee Injury Only (if applicable)	
Was time missed from work in excess of the day of the injury? ☐ Yes ☑ No	
Was Professional Medical Attention Received? ☐ Yes ☑ No	
WCB Reporting - If yes to either the above "Employee Injury Only" questions	
Supervisor	"WCB 2 Employers Report Form" is required to be submitted to the Human Resources Department within 5 days of the supervisor being notified.
Employee	"WCB 3 Worker Report Form" is to be submitted to WCB.
Serious Incident Reporting	
Was this classified as a "Serious Incident" under the Workplace Safety and Health Regulations? ☐ Yes ☑ No	
If this was classified as a "Serious Incident", you must contact the Workplace Safety and Health Division at (204) 945-0581	