

CANADIAN BIRKEBEINER SOCIETY	SEM PROGRAM Incident Report	Incident Report Form	PAGE 1 of 2
CBS Safety & Environment Management Program - Incident Report Form			PRINT DATE: January 31, 2020

Nature of Incident (Circle one or more):

Personal injury/ Property Damage / Vehicular incident/ Crime /Near Miss / Fire

Date of Report: _____

Time of Report: _____

Your Name: _____

Name(s) of Victim(s): _____

Incident Location (description, lat./long, etc.)

Date of Incident: _____

Time of Incident: _____

Weather Conditions at time of incident: _____

Incident Details (before, during and immediately following incident)

Emergency Response Details

First Aid at scene: _____

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External Responder(s) and contact info: _____

Evacuation Method: _____

Victim Details

Address: _____

Emergency Contact: _____

Condition at time of writing: _____

Nature of injuries: _____

Hospitalization required? _____

Communication - List everyone plus contact info with whom you have had communication regarding this incident (rescuers, witnesses, employer or supervisor, victim's family/friends, media, CLBPRRA personnel)

Name	Contact Info	Name	Contact info