

BTSA INCIDENT REPORT FORM

The Incident		
Reported by	Email	Phone
Date of occurrence	Time of occurrence	
Exact location		
Accident <input type="checkbox"/> Incident <input type="checkbox"/> Near miss <input type="checkbox"/> Violence <input type="checkbox"/> Ill health <input type="checkbox"/> Safety <input type="checkbox"/>		
What happened? Report any details that may have contributed to the incident (i.e. weather). Use additional paper as necessary and attach to form.		
Describe the outcome: harm/health effects/damage.		
Describe corrective measures taken to address immediate hazards related to incident.		

The Affected Person		
Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Other <input type="checkbox"/>	Name	
Address	Date of birth	
Email	Phone Number	
If other than member or non-member, Employer's Name	Employer Address	Employer Phone
Witness Details		
Names(s) and contact information	Names(s) and contact information	
First Aid		
First aid provided: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Time of attendance:	
By whom: Details of treatment:	Contact information:	

Post Incident			
Where did the person involved in the incident go next? To the hospital <input type="checkbox"/> home <input type="checkbox"/> other <input type="checkbox"/>			
Name of hospital			
Was a member of the BTSA Board of Directors notified of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:			