



Revision March 2013

Name of Vessel _____

Employee's Incident Report Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This includes equipment failure, damage or loss. Reporting these events helps us to identify and correct hazards before they cause serious injuries. **This form shall be completed by the employee and given to his/ her supervisor for entry into NS5 as soon as possible.**

I am reporting a work related:		<input type="checkbox"/> Near miss	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	
		<input type="checkbox"/> Chemical Exposure	<input type="checkbox"/> Equipment damage	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Equipment Loss
Your Name:					
Job title:					
Supervisor:					
Date of incident:			Time of incident:		
Names and positions of witnesses (if any):					
Where, exactly, did it happen?					
What were you doing at the time?					
Describe step by step what led up to the incident. (continue on the back if necessary):					
What could have been done to prevent this incident?					
What parts of your body were injured? If a near miss, how could you have been hurt?					
What PPE were you wearing at the time of injury?					
Your signature:			Date:		

