



Incident ☐ Near Miss ☐ Report

Incident resulted in harm/damage, Near Miss had the potential for harm/damage

Date and Time Occurred:	
Date and Time Reported:	
Location:	
Description of Incident/Near Miss: <i>What activity was being performed at the time?</i> <i>What equipment, materials, or environment were involved?</i> <i>What were the conditions at the time (weather, lighting, noise, etc.)?</i> <i>What was the sequence of events leading up to and immediately following the incident/near miss?</i> <i>For near misses, specifically describe what could have happened.</i>	

Involved Parties	
Name: Address: Phone Number: Email Address: Role/Position	
Name: Address:	

Phone Number: Email Address: Role/Position	
Name: Address: Phone Number: Email Address: Role/Position	

Injury/Illness (if an incident)
<i>Nature of injury/illness (e.g., laceration, sprain, burn, fracture).</i> <i>Body part(s) affected.</i> <i>Severity of injury (e.g., first aid only, medical treatment, lost time, fatality).</i> <i>Immediate treatment provided (e.g., first aid, emergency services called).</i> <i>Hospital/Medical Facility attended (if applicable).</i>

Witness Details	
Name: Address: Phone Number: Email Address:	
Name: Address: Phone Number: Email Address:	

Actions taken immediately?	
<i>What actions were taken immediately after the incident/near miss? (e.g., first aid, securing the area, notifying supervisor, stopping work, isolating equipment, cleaning up). Who took these actions?</i>	
Report Number (Assigned by ATTA manager)	