



*Society of St. Vincent de Paul of Vancouver Island*

## INCIDENT REPORT

Employee Name(s)
Program

### Incident Occurred

Address where incident occurred		
Date	Time	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

### Staff Involved in Incident

Last Name	First Name	Job Title	Program
1.			
2.			

### Nature of any injury/injuries/physical damage to property

1.
2.
3.

### Witnesses

Last Name	First Name	Address	Telephone
1.			( )
2.			( )
3.			( )

\* Use back of form if necessary

**Incident Description (Who, What, When, Where and How?)**

Briefly describe what happened, including the sequence of events preceding the incident.

**Recommendations (if any, to prevent the reoccurrence of a similar incident)**

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.

Any Recommended corrective action?

1.

2.

WCB Form 7 submitted  
Date \_\_\_\_\_

Medical Aid Required  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Notified  
Case No. \_\_\_\_\_

- 1. Place a copy of this report in Incident logbook
- 2. Submit 1 copy to Executive Director

**Signatures**

Name (Print)	Position	Signature	Date
_____ Staff Member	_____	_____	_____
_____ Program Manager	_____	_____	_____
Executive Director:	_____		