1ST Techni CALL SYSTEMS INC

Incident Report

Incident Severity		Incident Type	
MAJOR ☐ MINOR ☐		INJURY ☐ DAMAGE ☐ ILLNESS ☐	
Incident Date:		Time:	
Full Name of Injured Worker:			
Location of the Incident:			
Description of Injury / Damage / Illness:			
Description / Cause of Incident:			
Was First Aid Treatment Rendered? YES ☐ NO ☐ Describe Below:			
Name of First Aid Person:			
Name of Witness(es):			
Proposed Corrective Measure:			
Date of Corrective Measures to be Completed by:			
Additional Comments:			
Incident Reported by:			
Incident Reported to:			
Reviewed by Management:			