

North West Residential Support Services Inc.
Policies & Procedures
INCIDENT/ACCIDENT/NEAR MISS REPORT FORM

Number: <1>
 Effective From: <January> <2015>
 Replaces: <#>
 Review: NWRSS Board
 Contact: Neal Rodwell, General Manager
 Review Date: <January> <2017>

Name of person completing this report:

Incident date: Time: Location

Did the reporter witness this incident: yes no (please circle)
 Was anyone injured: yes no (please circle)
 Was an ambulance required: yes no (please circle)

List the names of people involved and any witnesses of the incident:

Was the Coordinator, Direct Service Manager or General Manager notified:
 yes no (please circle)

What was happening before the incident: (Consider people & environment)

What happened during the incident:

What action was taken after the incident:

Name:

Position:

Signature:

Date:

How was the incident/accident/near miss dealt with and resolved:
(Office use only)

Name:

Position:

Signature:

Date: