CALGARY PROGRESSIVE LIFESTYLES FOUNDATION
INCIDENT REPORT

INCIDENT DETAILS (Please Print)		
Employee Name:	**Client Name(s):**	
Service Area: ☐ Community Access	☐ Employment	☐ Residential
Incident Date:	Time of Incident:	
Report Date:	Time Reported:	
Reported to (Manager / Supervisor / After Hours Emergency Line):		
Location of Incident:		
Witnesses: ☐ No	☐ Yes (provide Names Below)	
Witness Names:		
First Aid: ☐ No	☐ Yes (First Aider to fill out information below)	
Name of First Aider:		
First Aid Provided:		

Risk Assessment

Frequency:		Severity:		Probability:	
☐ 4	Often; one or more times each day	☐ 4	Catastrophic (serious injury / death)	☐ 4	Will very likely occur (expected to happen)
☐ 3	Frequently; one of more times a week	☐ 3	Critical (probability high for medical aid, serious injury / illness / damage)	☐ 3	Could probably occur (has better than 50/50 chance of happening)
☐ 2	Occasionally; one of more times a month	☐ 2	Marginal (first aid type injury, minor illness / damage)	☐ 2	Possibility of occurring (known to have happened)
☐ 1	Rarely; less than once per month	☐ 1	Negligible (injury / illness / damage not likely to occur)	☐ 1	Practically impossible to occur (1:1,000,000)

Risk Criticality Ranking (3 to 12 from least to most hazardous):

Description of Incident:

Type of Incident:

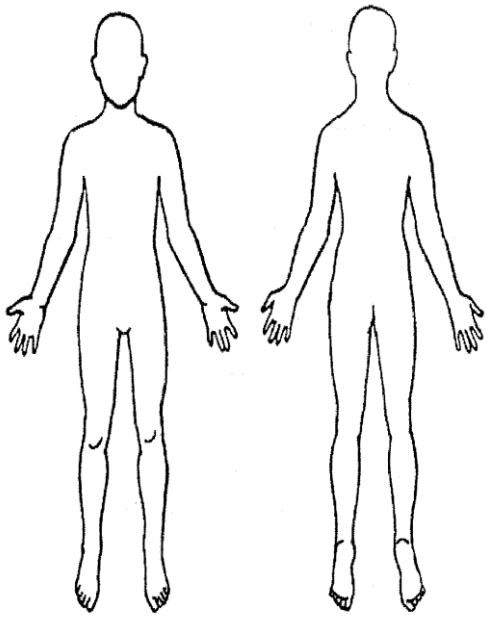
☐ Missing (AWOL) ☐ Medication Error ☐ Injury ☐ Illness ☐ Other:	☐ Verbal Threats: ☐ To Property ☐ To Self ☐ To Others ☐ From Others	☐ Physical Threats: ☐ To Property ☐ To Self ☐ To Others ☐ From Others

Type of Injury / Illness:

☐ Allergy ☐ Bite ☐ Bruise ☐ Burn ☐ Crush ☐ Cut / Laceration ☐ Other:	☐ Fracture ☐ Muscle Strain / Pull ☐ Pinch ☐ Puncture ☐ Respiratory Illness ☐ Scald

Location of Injury/Illness:

(Please circle/shade area of injury/illness on diagram)



Method of Injury:

☐ Body Motion ☐ Caught in/between ☐ Contact by/with ☐ Equipment: ☐ Exposure to: ☐ Fall Other:	☐ Needle Stick ☐ Overexertion ☐ Positioning ☐ Progressive ☐ Slip / Trip ☐ Transfer – Type: ☐ One Person ☐ Two Person ☐ Mechanical

Have there been a similar injury, illness or near miss: ☐ No ☐ Yes

Did the Injury / Illness result during a task that is part of this persons regular routine: ☐ No ☐ Yes

What do you think could have been done to prevent this incident from happening:

Employee Signature:	Date:
Manager / Supervisor Name (Please Print):	
Manager / Supervisor Signature:	Date: