



School District No. 22 (Vernon) Incident/Hazard ID/Near Miss Report Form

Last Name of Person Reporting		First Name		Reported to
Length of Service	Time on Present Job	Worksite	Occupation	
Date of Incident/Near Miss		Time of Occurrence	Date Reported	
Nature of Incident/Hazard/Near Miss				
Description of Incident/Hazard/Near Miss :				
Names of Witnesses:				
Basic Cause. Explain fully unsafe condition, personal factor, other:				
Contributory Cause - 1		Recommended Corrective Measures		
Contributory Cause – 2		Recommended Corrective Measures		
Action by: Name			Title	
Names of Investigation Team Members:				
<input type="checkbox"/> O H & S Members Notified		<input type="checkbox"/> First Aid Attendants Notified		
Names _____		_____		
_____ Supervisor/Administrator Signature		_____ First Aid Signature		
DO NOT COMPLETE THIS SECTION: District Safety Committee use only.				
Is further investigation required? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Send to: safety@sd22.bc.ca