



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