

North West Residential Support Services Inc.  
Policies & Procedures  
**INCIDENT/ACCIDENT/NEAR MISS REPORT FORM**  
Number:<3>/Effective:<May><2018>/Replaces:<2>/Review:<January><2020>

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:

Staff **MUST** call and speak to their Direct Service Coordinator or person On-Call (DSC or person On-Call will notify Operations Manager with details)

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:

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**Office use only:**

How was the incident/accident/near miss dealt with and resolved:

Name:  
Position:  
Signature:  
Date: