

CEC – INCIDENT/NEAR MISS REPORTING FORM



*An Incident refers to any accident or event that warrants documentation.

*A near miss is any accident that was avoided.

This report is not intended to assign blame, but to learn how to prevent harm or damages.

Date and Time of Incident/Near Miss dd/mm/yy and AM or PM	CEC Staff /Group /Gen. Public Name:	Activity at Time of Incident/Near Miss
Names of CEC Staff Involved in Incident/Near Miss	Names of Other Person (s) Involved and Group Name (Please Print)	Names of Other Person (s) Involved and Group Name (Please Print)

Please circle type of Event: Incident (accident or event) Near Miss (Potential harm was identified and avoided)

BRIEF DESCRIPTION OF EVENTS leading up to and including the Incident and/or Near Miss

LEADING FACTORS OR CAUSES OF INCIDENT/NEAR MISS (Check all that apply)

- Weather Natural Hazard Lack of Training Lack of Supervision Mis-behaviour Human error
- Insufficient safety equipment or clothing improper use of equipment equipment failure
- Other (please explain) _____

TYPE OF INCIDENT (Please check all that apply)

- Drug/Alcohol Use Damage/theft to CEC property Damage/theft to Personal Property Potential harm
- Emotional/Physical Wellbeing Persons injured * (please fill out injury/accident form)
- Other (please explain) _____

ACTIONS TAKEN (Please check all that apply)

Parents notified School Principal/Board notified Police notified Person(s) taken to medical Facility.
 Injury/Illness Form completed Manager notified (Specify) _____

NOTES/FURTHER ACTIONS TAKEN

RECOMMENDATIONS (Include any observations, recommendations or suggestions regarding prevention in the future).

FOLLOW-UP ACTIONS TO BE TAKEN or REQUIRED

REPORTING CEC STAFF NAME (Print) and SIGNATURE	POSITION	DATE
PARTICIPANT NAME (Print) and SIGNATURE	GUARDIAN NAME (Print) and SIGNATURE	DATE
MANAGER NAME (Print) and SIGNATURE	DATE	TIME SINCE INJURY/ILLNESS

Additional notes attached

Total # of sheets _____