



**CSAM**  
**CONSTRUCTION SAFETY**  
**ASSOCIATION OF MANITOBA**

**Construction Industry  
 Incident/Near Miss Report**

*The Workers Compensation Act requires notice of injury to employee(s) within five business days*

Have completed reports to the safety department within 24 hours

Date of incident/near miss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m./p.m.

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m./p.m.

1) Did the incident result in personal injury or hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom?	2) Did the incident involve property or equipment damage? <input type="checkbox"/> Yes <input type="checkbox"/> No To What?
3) Location:	4) Equipment damage:
5) Part of body injured:	6) Immediate supervisor:
7) Nature of injury: _____ _____	
8) What happened to cause the injury and/or damage? (Show drawings or photographs — use reverse for additional details): _____ _____	
9) Recommended action to prevent similar incident/near miss from occurring: _____ _____	
10) Corrective action taken at worksite: _____	
11) What defective or unsafe condition(s) of tools, equipment, machinery, work area contributed to the incident/near miss? _____	
12) Was first aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____ If outside emergency assistance was required, provide details: _____	
13) Doctor's name:	14) Medical facility:
15) Severity of injury: <input type="checkbox"/> Minor <input type="checkbox"/> First aid only <input type="checkbox"/> Medical aid <input type="checkbox"/> Lost time <input type="checkbox"/> Fatality	
16) Probability of reoccurrence: <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	

