INCIDENT, INJURY, ILLNESS & NEAR MISS
INCIDENT “FLASH” REPORT

1. Incident type?
   - Injury
   - Near Miss
   - Illness
   - Property
   - Behaviour
   - Absconds
   - Fall
   - Assault

2. Severity of Incident
   (see Incident Severity & Distribution Matrix)
   NB: All Compulsory Reporting incidents – Absconds with police involvement – assaults physical or sexual are to be reported to the CIS / Police within 24 hours)

<table>
<thead>
<tr>
<th>Incident Level</th>
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<tbody>
<tr>
<td>1</td>
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3. Date and time of incident/ illness/ near miss
   - Date incident/near miss occurred or illness reported
   - Time injury occurred (24 hour clock format)

4. Details of incident owner completing this form
   (Must be person-in-charge of the shift or department supervisor)

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Position</td>
</tr>
<tr>
<td>Facility/ site</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

5. Type of Person Incident happened to
   - Employee
   - Resident
   - Volunteer
   - Contractor
   - Visitor
   - Other (describe)

6. Location (Facility name, work site/ office, etc)

7. What specific injury/ illness was sustained?
   Be specific e.g. “deep cut to thumb on left hand”

8. Brief description of incident and what the person was doing at the time of the incident (no more than 30 words)

   | Person states: |

9. Describe any damage sustained to equipment and estimate cost of damage (if relevant)

10. Name of any Witnesses
    - Surname
    - Given names
    - Telephone number

LOG NUMBER:

Office Use only

IF RESIDENT ATTACH
ID LABEL HERE