



Medicine Hat College  
Incident Report Form

To be completed for all incidents, and near misses.

1) CONTACT INFORMATION

Name of reporting person:	
Telephone #:	Email:
Name of affected person (if different than above):	
Who is the affected person? <input type="checkbox"/> MHC Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor	
Type of Incident: <input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Occupational Illness <input type="checkbox"/> Other (Explain in Description Section)	

2) DETAILS OF OCCURRENCE

Date of Occurrence:	Time:
Date of Report:	Time:
Location of Occurrence (Building and Room #):	

Description of Occurrence: (If additional space is required, use the back of this page or attach additional sheet)  
*(What happened to cause the incident? What was the person doing? Was there any equipment, people or materials involved - identify the size, weight and type)*

3) INJURY INFORMATION (IF APPLICABLE)

Did the injured person receive First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the person providing First Aid treatment certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom and please provide treatment details.	
Did the injured person visit a Hospital and/or Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	How was the injured person transported? <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Other
If yes, which Hospital/Physician and what date/time?	
Is the employee off work past the day of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4) SUGGESTIONS TO PREVENT REOCCURENCE AND/OR ADDITIONAL COMMENTS

Report Prepared By:	Manager/Dean:
Signature:	Signature:
Date:	Date:

Submit via Email to: [CampusSafety@mhc.ab.ca](mailto:CampusSafety@mhc.ab.ca)  
Or to MHC OHS Office via interoffice mail  
WITHIN 24 HOURS