



IAC – REPORT FORM

Name of Person reporting event					
Name of Person affected					
Date of Incident/Event					
Location of Incident/Event					
Name of Witnesses					
Circle Type of Event	Hazard	Near Miss	First Aid	Medical Treatment	Grievance
	Fire/Explosion	Break-in/Theft	Plant/Equipment Damage	Property Damage	Insurance Claim
Describe what the person was doing, or observed					
Detail immediate action undertaken (including treatment where provided)					



Detail corrective actions undertaken			
Detail any further corrective actions required		Date	By Whom
Report to be submitted to IAC Board for review/awareness			
NOTE: BOARD MEMBERS ONLY TO COMPLETE			
Date report received			
Date report closed out			
Date report filed			