



Immediate Incident Notification Report

(Can be filled out online or by hand)

(To be submitted before the end of shift or day)
NOTE: One report to be completed per incident

Date of Incident : DD-MMM-YY	Time of Incident : 00:00:00	Location :
Department :	<input type="checkbox"/> Electrical <input type="checkbox"/> Warehouse <input type="checkbox"/> Frank Treat. <input type="checkbox"/> Municipal Office <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Maintenance <input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities <input type="checkbox"/> Protective Services <input type="checkbox"/> Ski Hill / Pool <input type="checkbox"/> Community Services

A Incident Classification	
<input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Security <input type="checkbox"/> Vehicle /Mach. Incident <input type="checkbox"/> Injury <input type="checkbox"/> Spill <input type="checkbox"/> Other :	Incident Level : <small>(see other side)</small>

B Injury Classification				
<input type="checkbox"/> N/A - No Injury	<input type="checkbox"/> 1st Aid - Non-work	<input type="checkbox"/> 1st Aid - Back to work	<input type="checkbox"/> 1st Aid - Modified Work	<input type="checkbox"/> Occupational Disease
<input type="checkbox"/> Report Only	<input type="checkbox"/> Medical Aid - Back to Work	<input type="checkbox"/> Medical Aid - Modified Work	<input type="checkbox"/> Medical Aid - LTA	<input type="checkbox"/> Fatality

C Environmental Spill Classification (see back page for reporting quantities)						
<input type="checkbox"/> N/A - No Spill	<input type="checkbox"/> On Land	<input type="checkbox"/> In Watercourse	<input type="checkbox"/> Spill - Liquid	<input type="checkbox"/> Spill - Solid	<input type="checkbox"/> Gas Release	<input type="checkbox"/> Contaminant Leak
UN Number : _____		Chemical Name : _____				

D Property Damage Classification						
<input type="checkbox"/> N/A - No Damage	<input type="checkbox"/> Building	<input type="checkbox"/> Tools	<input type="checkbox"/> Vehicle	<input type="checkbox"/> 3rd party	<input type="checkbox"/> Machinery	<input type="checkbox"/> Mobile Equipment <input type="checkbox"/> Cargo
Est. Cost of Damage : _____			Items Damaged (door, sign, plow, etc) : _____			

E Persons Involved in Incident/Accident					
	Full Name	Position	Unit #	Contact Phone Number	Relation to Project
1					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public
2					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public
3					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public

F Full Name(s) of Witness(s)					
	Full Name	Position	Unit #	Contact Phone Number	Relation to Project
1					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public
2					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public
3					<input type="checkbox"/> CNP Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Public

G Detail Description of the Incident (be sure to include times, sounds, smells, noises etc.) (use back of sheet if required)

Reported By : _____ Date : _____ Telephone Number : _____
 Completed By : _____ Date : _____ Telephone Number : _____

When completed, please fax to the HSE department at 403-563-5474 by end of day
 Preserve the incident site, deal with the injured, then call the HSE department at 403-563-7062 as soon as possible, 24hrs / day

