

POLICY TYPE: HEALTH AND SAFETY STANDARDS
(HSS) POLICY TITLE: *CRITICAL AND NON-CRITICAL INCIDENT REPORTING*



APPENDIX 13: *NON CRITICAL INCIDENT REPORT FORM*

Incident Type: _____

Date: _____

Time: _____

Staff Member(s) Involved: _____

Individual(s) Involved: _____

Location of Incident: _____

Summary of Incident:

Forward this document to the Program Manager. All non-critical Incidents will be entered in the database and become part of the individual's permanent record.