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| **Person conducting review:** | **Date of the review:** | **Year under review:** |
|  |  |  |

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| **Incidents** |
| **Lost time as a result of incidents:** | **Number of days without incident:** |
|  |  |
| **Number of Incidents:** |
| **How many were severe:** |  |
| **How many were moderate:** |  |
| **How many were minor:** |  |
| **How many were near-misses:** |  |
| **Locations of incidents:** |
|  |
| **What months are incidents or near-misses occurring:** |
|  |
| **When in the day are incidents most often occurring:** |
|  |
| **Causes of incidents:** |
|  |
| **Positions/tasks involved in incidents:** |
|  |

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| --- |
| **Incidents *continuation*** |
| **What Injuries or illnesses resulted:** |
| **What severe injuries or illnesses resulted:** |  |
| **What moderate injuries or illnesses resulted:** |  |
| **What minor injuries or illnesses resulted:** |  |
| **What first aid treatments where given:** |
|  |
| **What subsequent treatments where given:** |
|  |

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| **Emergencies** |
| **Number of emergency evacuations:** |
| **Number of successful emergency evacuations:** |  |
| **Number of unsuccessful emergency evacuations:** |  |

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| **Workplace inspections** |
| **Corrective action items pending:** |
|  |