



NPF OHS Incident Report

For Non-Employees

(Mandatory Completion)

This form must be completed when a non-employee has a work related incident/accident. Employees must report accidents in SMAAT at www.cfmws.ca/OHS (Reporting accidents)

Name of injured and contact info	Status	Location of incident (Base, building, office number...)	Date and time of incident
	<input type="checkbox"/> CF Member <input type="checkbox"/> Contractor <input type="checkbox"/> Public/Client <input type="checkbox"/> Volunteer		Date and time reported
Description of incident Give accurate picture of the events leading up to the hazardous occurrence: What, When, Where, Why, How			
First Aid Treatment Provided		Witness(es) and contact info	
By whom:			
Description:			
Emergency Services		Medical Treatment by Health Care Professional	
Ambulance Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know at this time <input type="checkbox"/> Police Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know at this time <input type="checkbox"/> Fire Dpt. Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know at this time <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know at this time <input type="checkbox"/>	
Name of Manager/Assignment Supervisor filling this form			
Date:	Print Name	Signature	Phone Number

DISTRIBUTION

**The divisional Senior Local Employer Representative (SLER)
Copy to National Volunteer file/ copy to volunteer as named in this report**