



**Incident Log Reporting Form**

Team information		
Person(s) claiming incident:		
Project Name:	PI:	Staff:
Team Member Names:		

About the Incident		
Research site location:	Date:	Time:
Did the incident cause any harm? Yes / No	What was affected: (Tick all that apply) <input type="checkbox"/> People <input type="checkbox"/> Property <input type="checkbox"/> Environment <input type="checkbox"/> Other:	
Were you concerned for your safety? Yes / No		
If there were witnesses or mediators please include names and contact information (if available) here:	If you checked People above, please answer: Who was affected by or put at risk by the incident? (Tick all that apply)	
	<input type="checkbox"/> Staff <input type="checkbox"/> trainee <input type="checkbox"/> Public/visitor <input type="checkbox"/> Land owner <input type="checkbox"/> Contractor	

Describe the incident in detail
<p><i>Please provide information about relevant events leading up to the incident, what strategies or approaches were used to remedy the problem, and what follow-up actions need to occur.</i></p>

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 Signature of person preparing the incident log

Date