

IMPORTANT – Notification of any incident must be made to the **Construction Manager** for the project and **Safety Manager** the same day the incident is discovered.

This can be done in [PolyNet](#) (*scan the QR code*) or by email, text message, or phone call.

Once the above notification has been provided, this form is intended to meet the requirements of the [Policy P2-71-1](#) where it is appropriate for PCML to investigate (i.e. more than 1 scope of work involved).



Date of Incident _____ Project _____

Time of Incident _____ Weather _____

This was a Medical Aid Near Miss (including damage to material only) Other

Injured Worker (if applicable)

Name		Position		Age	
First Aid Record #		Contractor / Employer			

Description of Injury or Damage (including the specific location on site where it occurred)

Workers Involved (witnesses and any other workers possibly needed for the investigation)

Full Name	Position	Contractor / Employer
1)		
2)		
3)		
4)		

Events leading up to the Incident (describe events earlier that day or in the day(s) that led up to the Incident)



Conditions, Acts, or Procedures that significantly contributed to the Incident

Corrective Action(s) recommended or immediately required

Action assigned to

1)	
2)	
3)	

Participants in this Investigation

Name	Position + Employer	Signature (optional)
PCML Representative		
Contractor / Employer Representative		
Worker Representative		
Other		
Other		

Explanatory Notes (if needed for any missing information or additional context)

Within 48 hours of the incident send a copy to the **Safety Manager** either through the Incident Record in [PolyNet](#) or directly via [email](#). Include any pictures and supporting documents (e.g. Site Safety Orientations, Worker Statements, applicable Safe Work Practices or Safe Job Procedures).