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SAMUEL JACKMAN PRESCOD POLYTECHNIC

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**INTERNSHIP INCIDENT REPORT**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name in full)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of incident

 Personal Injury Property Damage

 Environmental Damage Near Miss

 Gross misconduct Other \_\_\_\_\_\_\_\_\_\_\_\_

Incident reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

1. Describe the task/process being undertaken at the time of the incident and explain what happened and how the incident occurred. (Note any chemicals/equipment involved).

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1. Describe the personal injuries received.

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1. State details of any damage to property or the environment.

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1. Describe the gross misconduct/details of unacceptable workplace behavior (s) exhibited by intern.

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1. Was there a witness? Yes No

Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Course of action: None First Aid Doctor Hospital Other Dismissal

1. Have you taken time off work as a result of this incident? Yes No
2. Name of Person Involved:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if person involved is unavailable, witness signature required)

Name of Person Involved:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if person involved is unavailable, witness signature required)

1. Notification:

The incident was reported to: Liaison Office Head of Division

Instructor Internship Supervisor Security Police Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the incident is **SERIOUS OR A SERIOUS NEAR MISS**, contact:

SJPP’s Liaison Office

535-2200.

**Privacy**: This information will be stored securely and only used or released in accordance with the institution’s Privacy Policy.