

# Incident/Near Miss Report

## FORM A – For anonymous data about an incident/near miss

DATE OF INCIDENT:

TIME OF INCIDENT:

GMT

**TYPE OF INCIDENT:** *(Tick ANY relevant below)*

- Injury
- Near miss (possibly injury, process or equipment loss narrowly avoided)
- Equipment loss or damage
- Illness
- Process or program loss

**ACTIVITY HAPPENING AT TIME OF INCIDENT:**

**PRIMARY Activity**  
*(Tick ONE)*

**OTHER Activity**  
*(Tick ANY)*

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Walk – Snow                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Walk – Slippery rocks             |
| <input type="checkbox"/> | <input type="checkbox"/> | Walk – Large rocks/uneven footing |
| <input type="checkbox"/> | <input type="checkbox"/> | Walk – Ice                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac – Loading/unloading        |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac – Surf/landing             |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac – Driving                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac – MOB                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac - Crane Operations         |
| <input type="checkbox"/> | <input type="checkbox"/> | Zodiac - Pilot Ladder             |
| <input type="checkbox"/> | <input type="checkbox"/> | Fast Ice or Ice Floe Excursion    |
| <input type="checkbox"/> | <input type="checkbox"/> | Sea kayaking                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Snowshoeing                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Camping                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Bum sliding                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Mountaineering                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Ice climbing                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Skiing – Alpine                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Skiing – Nordic                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sledding                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Polar plunge                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Wildlife viewing                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:                            |

**CONTRIBUTING FACTOR/S LEADING TO INCIDENT:**

**PRIMARY Factor**  
*(Tick ONE)*

**OTHER Factors**  
*(Tick ANY)*

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Inattention                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Carelessness                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Cold Exposure                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Confrontation                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Dehydration                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Exceeded Ability                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaustion                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall on rock                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall/slip                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Falling rock/snow                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Fitness/ability                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Immersion/submersion                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor Instruction                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunburn                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Not following instructions            |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of supervision                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Animal encounter                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Missing/lost                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Motivation                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-existing condition                |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychological                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Weather                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of comprehension/language issues |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:                                |

**NARRATIVE SUMMARY**

OF INCIDENT/NEAR MISS: *Please provide a brief, objective description & clear picture of the incident – what happened, how, your response & the outcome. Also attach diagrams if appropriate.*

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**ENVIRONMENTAL  
CONDITIONS:**

**EXACT LOCATION  
OF INCIDENT:**

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