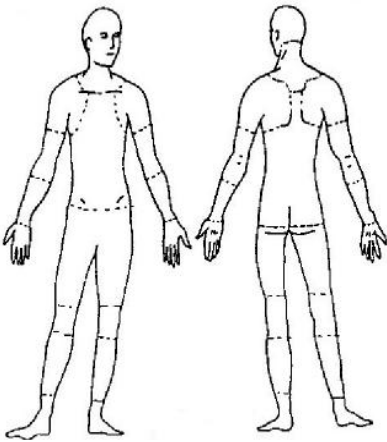


## Incident Report

**Instructions:** Employees shall use this form to report all work related injuries or "near miss" events - no matter how minor. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of incident:		This report is made by (circle one): <input type="checkbox"/> Employee <input type="checkbox"/> Citizen	
<b>Step 1: Injured person:</b>			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone No:
		Date of Birth:	Hire Date:
Address:		(Last 4 digits) SSN:	License #:
Dept:	Job title:	Work #:	



Circle area injured with corresponding #

Nature of injury: (most serious one) (1) Abrasion, scrapes (2) Amputation (3) Broken bone (4) Bruise (5) Burn (heat) (6) Burn (chemical) (7) Concussion (to the head) (8) Crushing Injury (9) Cut, laceration, puncture (10) Hernia (11) Illness (12) Sprain, strain (13) Damage to a body system: (14) Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
	Hours per day: Days per week: Time of Shift: 00:00 AM/PM to 00:00 AM/PM
	Has this part of the body been injured before? <input type="checkbox"/> Y <input type="checkbox"/> N  If yes, when?

<b>Step 2: Describe the incident</b>	
Exact location of the incident:	Exact time:
What part of your workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	Name of Passenger(s):
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools materials and other important details. (Continue on another sheet if necessary)	

<b>Step 3: Other Driver Information</b>			
Name:		Phone #:	License #:
Address:		Make/Model:	VIN:
Plate #:	Plate State:	Damage:	Towed? <input type="checkbox"/> Y <input type="checkbox"/> N
Insurance Co:		Policy #:	
Signature:		Date:	

**Supervisor Section:****Instructions:** Complete this form immediately after an incident occurs.

Step 2: Property Information			
Location of Vehicle:			Vehicle Make/Model:
VIN:	Plate #:	Plate State:	Towed? Y N
Address of Property:		Value of Property:	
Serial/Inventory #:	Property Repairable? Y N	Cost to Repair:	
What personal protective equipment was being used (if any):			
Description of Damages to Property:			
Authority Name: Police Dept _____ Fire Dept _____ Other _____			
Authorites Called? Y N	Officer's/Chief's Name:		Report #:
Citation Issued? Y N	Kind of Citation:		Citation #:

**Step 3: Why did the incident happen?**

Unsafe workplace conditions: (Circle all that apply) Inadequate guard Unguarded hazard Safety device is defective Tool or equipment defective Workstation layout is hazardous Unsafe lighting Unsafe ventilation Lack of needed personal protective equipment Lack of appropriate equipment / tools Unsafe clothing No training or insufficient training Road Conditions  Other: _____	Unsafe acts by people: (Cicle all that apply) Operating without permission Operating at unsafe speed Servicing equipment that has power to it Making a safety device inoperative Using defective equipment Using equipment in an unapproved way Unsafe lifting Taking an unsafe position or posture Distraction, teasing, horseplay Failure to wear personal protective equipment Failure to use the available equipment / tools Weather Conditions  Other: _____
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Why did the unsafe conditions exist?
Why did the unsafe acts occur?
Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? If yes, describe:
What could have been done to prevent this injury/near miss?
Were the unsafe acts or conditions reported prior to the incident? Yes No
Have there been similar incidents or near misses prior to this one? Yes No

