### 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.

<table>
<thead>
<tr>
<th>This is a report of a:</th>
<th>Death</th>
<th>Lost Time</th>
<th>Dr. Visit Only</th>
<th>First Aid Only</th>
<th>Near Miss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 1: Injured person:**

- **Name:**
- **Sex:** Male  Female
- **Date of Birth:**
- **Address:**
  - (Last 4 digits) SSN:
- **Phone No:**
- **Hire Date:**
- **License #:**
- **Dept:**
- **Job title:**
- **Work #:**

**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:**
- Regular full time
- Regular part time
- Seasonal
- 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?** Y  N
- **If yes, when?**

**Step 2: Describe the incident**

- **Exact location of the incident:**
- **Exact time:**

- **What part of your workday?**
  - Entering or leaving work
  - Doing normal work activities
  - During meal period
  - During break
  - Working overtime
  - 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)

**Step 3: Other Driver Information**

- **Name:**
- **Phone #:**
- **License #:**
- **Address:**
- **Make/Model:**
- **VIN:**

- **Plate #:**
- **Plate State:**
- **Damage:**
- **Towed?** Y  N

- **Insurance Co:**
- **Policy #:**
- **Signature:**
- **Date:**

Circle area injured with corresponding #

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![Diagram of human body with areas for injury indication]
**Supervisor Section:**

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

### Step 2: Property Information

<table>
<thead>
<tr>
<th>Location of Vehicle:</th>
<th>Vehicle Make/Model:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VIN:</th>
<th>Plate #:</th>
<th>Plate State:</th>
<th>Towed?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Property:</th>
<th>Value of Property:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Serial/Inventory #:</th>
<th>Property Repairable?</th>
<th>Cost to Repair:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What personal protective equipment was being used (if any):**

**Description of Damages to Property:**

**Authorities Called?**

<table>
<thead>
<tr>
<th>Police Dept</th>
<th>Fire Dept</th>
<th>Other</th>
</tr>
</thead>
</table>

**Citation Issued?**

<table>
<thead>
<tr>
<th>Officer's/Chief's Name:</th>
<th>Report #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Kind of Citation:</th>
<th>Citation #:</th>
</tr>
</thead>
</table>

### 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

- **Unsafe acts by people:** (Circle 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:**

<table>
<thead>
<tr>
<th>Why did the unsafe conditions exist?</th>
<th>Why did the unsafe acts occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Have there been similar incidents or near misses prior to this one?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
## Step 4: How can future incidents be prevented?

| What changes do you suggest to prevent this incident/near miss from happening again? | Stop this activity | Guard the hazard | Train the employee(s) | Train the supervisor(s) | Redesign task steps | Redesign work station | Write a new policy/rule | Enforce existing policy | Routinely inspect for the hazard | Personal Protective Equipment | Other:________________________ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

What should be (or has been) done to carry out the suggestion(s) checked above? (Continue on attached sheet if necessary)

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| Did employee miss work beyond their normal shift: | Yes | No |
| Did employee go to doctor/hospital? | Yes | No |
| Doctor's Name: | Hospital Name: |
| Was EMS called and utilized to transport employee to hospital? | Yes | No |

## Step 5: Who completed and reviewed this form? (Please Print)

| Supervisor's Name: | Date: |
| Title: | Phone #: |