

# INCIDENT REPORT FORM

*Attach any witnesses written, signed statements and photos.*

<input type="checkbox"/> Job Related Illness  <input type="checkbox"/> Non-Job Related	<input type="checkbox"/> Job Related Injury  <input type="checkbox"/> Non-Job Related	<input type="checkbox"/> Near Miss  <input type="checkbox"/> Environmental	<input type="checkbox"/> <Than \$500. Property Damage  <input type="checkbox"/> >Than \$500. Property Damage
Date & Time of Incident: <input type="text"/>	When/Who Within Mgmt Was Notified? <input type="text"/>		Supervisor Name: <input type="text"/>
Location of Incident: <input type="text"/>	Date & Time Employee Reported to Supervisor: <input type="text"/>		Time/Date of Treatment: <input type="text"/>
Employee Name: <input type="text"/>		Position: <input type="text"/>	Experience In Position: <input type="text"/>
Treatment: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Clinic <input type="checkbox"/> Medivac/Hospital			Copy of 07-6100 Record Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this incident the result of violating a college safety rule or procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> Was worker's compensation complete/submitted for work related injury or illness? Yes <input type="checkbox"/> No <input type="checkbox"/>  Describe Body Injury, Job Illness or Environmental Impact: <input type="checkbox"/> <i>Form allows for space to be added</i>			
Property Damage and Equipment Identification (if applicable): <input type="checkbox"/> <i>Form allows for space to be added</i>			
<u>How Did the Incident Happen?</u> What exactly happened? What was the employee doing? If there was an injury, release, property damage or near-miss, describe it. Give as many details as possible and use additional paper if needed.  <input type="checkbox"/> <i>Form allows for space to be added</i>			
<u>Casual Factors Involved:</u> Describe the events and conditions that contributed to the incident. Include information about the equipment, personnel, environment and other factors that may contributed to the event and will assist in the investigation.  <input type="checkbox"/> <i>Form allows for space to be added</i>			
<u>Supervisors Suggested Improvements to Prevent a Future Occurrence:</u>  <input type="checkbox"/> <i>Form allows for space to be added</i>			
First Line Supervisor's Name <input type="text"/>	First Line Supervisors Signature <input type="text"/>	Date <input type="text"/>	
Manager Comments	<input type="checkbox"/> <i>Form allows for space to be added</i>		
<b>Staff Signature:</b> _____ <b>Date:</b> _____ <b>Supervisor Signature:</b> _____ <b>Date:</b> _____ <b>Student Related Incidents- Forward to the Dean of Students</b> <b>Staff Related Incidents- Forward to Human Resources</b> <b>Vehicle/Building Related- Forward to the Vice President of Administration</b>			