

Incident Report

Date of Incident _____ Time _____ am pm Location _____

Status of person involved: Visitor Employee Other (please describe) _____

Name of Employee or injured party: _____

Treatment: None First Aid Medical

If Medical, where was the person treated: _____

Description of incident by person involved. Be specific:

Name and address of witness(es): _____

Description of incident by witness. Be specific:

Describe nature and extent of apparent injury:

Emergency treatment given (person providing treatment to complete):

Was physician called or consulted? Yes No Time _____ am pm

Name of physician that was seen: _____

ATTENTION EMPLOYEE: If medical attention is sought at another time, you must notify your supervisor and/or human resources that you have seen a physician.

Specify machine, tool, substance or object connected with the accident:

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

Unsafe mechanical/physical/environmental condition at time of accident (be specific):

Personal factors (attitude, lack of knowledge or skill, slow reaction, fatigue):

Action plan to prevent recurrence (modification of machine, mechanical guarding, environment, training and the immediate corrective actions taken):

1.

2.

3.

Actions taken on recommendations (include date completed):

Date of report: _____ Time: _____

Print Name

Signature of person making this report

Title

NOTE: All injuries must be reported to HR within 24 hours of the injury or accident. If information is not completely available, please complete this form to the best of your ability and submit to HR. Any employee who is injured at work should be encouraged to complete this form even if medical treatment is not being sought.

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