

Employee's Report of Incident

EMPLOYEE		LOCATION				DEPARTMENT						
DATE REPORTED		DATE OF INCIDENT		DAY OF WEEK S M T W T F S			TIME OF DAY 1 2 3 4 5 6 7 8 9 10 11 12					AM PM
JOB TITLE		DUTIES									MONTHS THIS JOB	

Nature of Injury		Area of Injury							Type of Incident		
Cut		Head				Neck			Struck Against		
Bruise / Scrape		Face					Back			Struck By	
Puncture		Eye	Right		Left		Chest			Caught Between	
Foreign Body		Ear					Abdomen			Trip & Fall	
Broken		Teeth / mouth					Groin			Slip & Fall	
Dislocated		Shoulder	Right		Left		Hip	Right	Left	Trip or Slip	
Burn		Arm (Upper)					Thigh			Over Exertion	
Strain / Sprain		Elbow					Knee			Inhale / Swallow	
		Forearm					Leg			Heat / Electricity / Flash	
Amputation		Wrist					Ankle			Chemical* (IDENTIFY BELOW)	
Rupture		Hand					Foot				
Other		Finger / Thumb					Toe			Other	

Where and How Did Incident Happen?

What Could Have Been Done To Prevent This?

Names, Addresses and Phone Numbers of Persons Observing Incident

Witness to Signature	Employee Signature	Date
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Supervisor's Evaluation

SUPERVISOR'S NAME	In Dept. At Time	YES NO	New Rules Required	YES NO	Estimated Days To Be Lost
Comments and / or Clarification of Employee's Report	M.D. Visit	YES NO	Hospital Visit	YES NO	
Primary Cause			Contributing Factor		
Safety Devices Made Inoperative (Explain)			Faulty Equipment or Facility		
Using Defective Tools or Equipment			Defective or Inadequate Guarding		
Incorrect or Makeshift Tools			Poor Layout or Congestion		
Performing Unauthorized Operation			Inadequate Lighting or Ventilation		
Operating at Excessive Speed			Incomplete or Inadequate Training		
Not Using Personal Protective Equipment			Lack of Proper Housekeeping		
Improper Position or Posture			Weather Conditions		
Other Safety Rule Violation			Proper Equipment Not Available		
Inattention to the Operation			Instruction or Warning Signs Removed		
Action of Another Person			Other		
Other					
Describe in Detail Action that will be Taken to Prevent a Recurrence (Usually Instruction / Retraining; Developing Additional Procedures):					
			Department Responsible for Correction		Target Date
Investigating Supervisor	Date	Follow-Up Date			
Department Manager	Date	Date Corrected			