



INCIDENT/ACCIDENT REPORT

Employment start date:

Employee Pay rate:

(Check one):

An incident is an event that caused injury to a person or damage to equipment, building or materials.

A near miss is an event that could have caused injury to a person or damage to equipment, building or materials.

Person completing this form: _____ **Date:** _____

Employee Name/ Person Injured: _____

Job title of the employee involved in the incident: _____

Address: _____

Social Security #: _____ **Date of Birth** _____

Employee Phone# _____ **Work Phone #** _____

Witness(es): _____ **Contact info:** _____

Date of incident: _____ **Time of incident:** _____ a.m./p.m.

Address and location where the incident/near miss occurred:

Employee's shift on the day of the incident/near miss (from) _____ a.m./p.m. (to) _____ a.m./p.m.

Did an injury occur? Yes No

Nature of the injury (strain, cut, bruise, etc.): _____

Body part(s) affected: _____

Describe the incident fully: (use back page if necessary or sketch on back if needed to clarify):

Medical treatment required? Yes No

If yes, what type? First aid on-site Express care Doctor Hospital

Name of the facility, hospital, or physician: _____

Was the employee hospitalized overnight as a patient? Yes No

Did the employee leave work early due to the injury? Yes No

If yes, what time? _____ a.m./p.m.



Date the employee returned to regular duty: _____

Date the employee returned with light duty restrictions (Must have Dr. Note): _____

List all equipment, machinery, materials or chemicals the employee was using when the event occurred:

Was this a Vehicular Accident:

If Yes, Describe Vehicle Make and Model: _____

Drivers License Number: _____

License Plate Number: _____

Was there Damage to the Vehicle? If Yes, Describe damage: _____

Location of Drug/Alcohol Test Immediately following Accident: _____

Identify the factors that you believe contributed to or caused the incident:

Complete this section if an injury occurred or there was damage to equipment.

Were proper procedures being followed when the incident occurred? ___ Yes ___ No

If no explain: _____

Was the employee wearing proper personal protective equipment? ___ N/A ___ Yes ___ No

If no explain: _____

Are changes in equipment necessary to prevent reoccurrence? ___ Yes ___ No

If yes explain: _____

Employee Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Forward this form to the Human Resources Department as soon as possible following the incident or near miss.

Note: If an employee receives medical treatment from a doctor or hospital, additional forms will need to be filled out and forwarded to the HR Dept. along with the incident report so a workers' compensation claim can be filed.