

# INCIDENT REPORT

**Please check all that apply:**

- Motor vehicle/Equipment accident (Contact Account Manager as soon as reasonably possible)
- Motor vehicle/Equipment abuse or damage by abuse (Contact Account Manager as soon as reasonably possible)
- Injury (Contact Account Manager as soon as reasonably possible / contact HR before the end of the day)
- Property Theft, Mysterious Disappearance (notify Account Manager as soon as possible)
- Property Damage (notify Account Manager as soon as possible)
- Near Miss (notify Account Manager at end of work shift)

**The Safety Manager MUST be notified of all accidents, injuries, and property damage the same day.**

Damages over \$500, equipment theft, or injuries requiring emergency treatment must be reported to the President same day.  
*This section to be filled out by the team member involved. If unable, the job supervisor must complete.*

Team Member Name: \_\_\_\_\_ Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_:\_\_\_\_ AM/PM Equip. # involved: \_\_\_\_\_

Location of Incident (provide description and address):  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Notified:  Yes  No Who? \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident (How did it occur? What were you doing when it happened? If an injury occurred, was an object involved?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extent of injuries (list body part injured)/ damage involved:  
\_\_\_\_\_  
\_\_\_\_\_

Other team members involved: \_\_\_\_\_

Witnesses (provide contact info if not team members):  
\_\_\_\_\_  
\_\_\_\_\_

Immediate action taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this incident avoidable? o Yes o No. If injured, have you notified Human Resources? o Yes o No

Suggestions to avoid future of incidents of this type: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on Back)

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Photos Attached?  Yes  No  N/A

Police Report Attached  Yes  No  N/A

Other attached?  Yes  No

Further details and/or sketch if needed:

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Best phone to be reached at if additional information is needed: \_\_\_\_\_

## INVESTIGATION / FOLLOW UP:

## TO BE COMPLETED BY SUPERVISOR

Safety Manager Notified?  Yes  No

If equipment was involved, was Equipment Manager notified?  Yes  No

Did Supervisor or Safety Manager (circle one) see the injury / damage?  Yes  No

Immediate action taken by supervisor: \_\_\_\_\_

Root cause: \_\_\_\_\_

Contributing factors: \_\_\_\_\_

Steps taken to prevent incident from happening again: \_\_\_\_\_

Additional follow up required: \_\_\_\_\_

Date follow up completed: \_\_\_\_\_

Safety Manager Review: \_\_\_\_\_

Was customer notified (property damage)?  Yes  No \_\_\_\_\_

Was this a lost time incident?  Yes  No (Was any work time beyond the day of the incident missed?)

Estimated cost of incident \$ \_\_\_\_\_

Supervisor / Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by:  Account Manager  Safety Manager  President  HR  Employee file

*(Distribute in this order)*

Reviewed by Safety Committee: \_\_\_\_\_