**EMPLOYEE INCIDENT / ACCIDENT REPORT / NEAR MISS**

EMPLOYEE INFORMATION \*notify supervisor/safety asap\*

|  |  |  |
| --- | --- | --- |
| NAME | EMPLOYEE ID | DATE |
|  |  |  |
| JOB TITLE / ADDRESS | DEPARTMENT | |
|  |  | |
| HOME ADDRESS | | HOME PHONE |
|  | |  |
| EMAIL ADDRESS | MALE OR FEMALE | DATE OF BIRTH |
|  | |  |

INCIDENT DESCRIPTION

|  |  |  |
| --- | --- | --- |
| LOCATION | DATE OF INCIDENT | TIME OF INCIDENT |
|  |  |  |
| INCIDENT DESCRIPTION  In as much detail as possible, describe what caused the incident / accident / injury, what you were doing just before the incident, and what you did after the incident. Name any objects or substances involved. | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were you performing regular duties at the time of incident? |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Did anyone see you get hurt? | |  | YES |  | NO |
| If YES, list all witnesses: | | | | | | |
|  | | | | | | |
| Did you report this incident to anyone? | |  | YES |  | NO |
| If YES: | | | | | | |
| REPORTED TO NAME | TITLE | | DATE REPORTED | | | |
|  |  | |  | | | |
| If NO, explain why you chose not to report: | | | | | | |

INJURY DESCRIPTION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NATURE OF INJURY *select all that apply* | | | | | | | | | | | |
|  | | Abrasion, scrapes |  | Amputation |  | Broken Bone |  | | Bruise |  | Burn (heat) |
|  | | Burn (chemical) |  | Concussion |  | Crushing Injury |  | | Cut, laceration, puncture | | |
|  | | Hernia |  | Illness |  | Sprain, strain |  | | Damage to body system | | |
|  | | Other, describe: |  | | | | | | | | |
| DESCRIPTION OF INJURY | | | | | | | PART OF BODY AFFECTED *shade all that apply* | | | | |
|  | | | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was first aid provided at the scene? | | | | If YES, who administered first aid? |
|  | YES |  | NO |  |
| Please describe the first aid administered. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was medical treatment necessary? | | | | IF YES, NAME OF HOSPITAL / PHYSICIAN: \*\*please turn in any paperwork that is turned in |
|  | YES |  | NO |  |
| DATE OF VISIT | | TIME OF VISIT | | HOSPITAL / PHYSICIAN PHONE |
|  | |  | |  |

ACCIDENT/INJURY/NEAR MISS INVESTIGATION INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assignment of report | | | | Who was assigned |
|  | YES |  | NO |  |
| Please describe all findings of the accident | | | | |

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| --- |
| Please describe steps taken to prevent this from happening again |
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| --- | --- | --- | --- | --- |
| Agreement on the closing of the form by construction safety committee | | | | |
|  | YES |  | NO |  |
|  | | | | |
|  | | | | |
|  | | | | |

REPORT SUBMITTED BY

|  |  |  |
| --- | --- | --- |
| NAME | SIGNATURE | DATE |
|  |  |  |

REPORT CLOSED BY

|  |  |  |
| --- | --- | --- |
| NAME | SIGNATURE | DATE |
|  |  |  |