

INCIDENT REPORT

Employee: _____ County Dept.: _____
Job Title: _____ Employment Status: _____
How long Employed: _____ Hours worked per day: _____ Pay Rate per Day _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Hire Date: _____
Date of Birth: _____ Gender: _____
Date of Incident: _____ Time of Incident _____ Date Reported _____

Location of Incident _____

Nature of Injury (specify if injury is to right side/left side etc): _____

Employee Treated by Physician? _____ Name of Treatment Facility: _____
Phone # of Facility: _____ Address of Facility: _____
Time Started Work on Day of Incident: _____ Date/Time Returned to Work _____
ER visit: Yes or No Overnight Stay: Yes or No

Nature of Property Damage: _____

If vehicle involved, indicate type/make/model/year/license number: _____

Weather conditions: _____ Road Conditions: _____
Law Enforcement Report: Yes or No Reporting Officer: _____
Supervisor or Department Head incident reported to: _____
Date and time incident reported to County Administration: _____

Description of Incident (describe exactly what happened; include exactly what the employee was doing and any surrounding circumstances – use additional sheets if needed):

Witnesses to Incident (include name, address and telephone number):

Employee's Supervisor: _____
Department Head of the Employee: _____

CAUSATION FACTORS

(To be filled out by Supervisor or Department Head)

What, if any, job procedure issues may have contributed to the incident?

Are there established procedures? _____

If so, what are the procedures? _____

Was the employee trained in this procedure(s)? _____

Did the employee follow the established procedures? _____

If not, what procedures was/were not followed? _____

What, if any, behaviors may have contributed to the incident? _____

(Consider: lack of knowledge, disregard of instruction(s), inadequate training, emotional upset, haste)

Based on observation of the incident location and/or property involved please indicate:

Lighting: Good ___ Deficient ___ Action Needed: _____

Walking/Working surfaces:
Good ___ Deficient ___ Action Needed: _____

Housekeeping:
Good ___ Deficient ___ Action Needed: _____

Machinery and Equipment:
Good ___ Deficient ___ Action Needed: _____

Layout: Good ___ Deficient ___ Action Needed: _____

Maintenance: Good ___ Deficient ___ Action Needed: _____

Noise level: Good ___ Deficient ___ Action Needed: _____

Safety guards and equipment:
Good ___ Deficient ___ Action Needed: _____

Other _____:
Good ___ Deficient ___ Action Needed: _____

Signature of Department Head or Supervisor: _____