EMPLOYEE INCIDENT REPORT

Report of Injury, Illness, Near Miss, or Property Damage

EMPLOYEE INFORMATION

Employee Name		**Job Title**	
Department		**Supervisor**	
Customer / Project		**Work Location**	
Phone		**Email**	

INCIDENT INFORMATION

☐ Injury ☐ Illness ☐ Near Miss ☐ Property Damage ☐ Vehicle Accident ☐ Other

Incident Number		**Date**	
Time		**Location**	
Supervisor Notified		**Date Reported**	
Time Reported		**Report Completed By**	

EMPLOYEE STATEMENT

Task Being Performed

Describe Exactly What Happened

Equipment / Materials / Vehicles Involved

INJURY INFORMATION

Body Part(s)		**Nature of Injury**	
First Aid Only?		**Medical Treatment Required?**	
Emergency Services Called?		**Medical Provider**	
Provider Phone		**Return-to-Work Date**	

WITNESS INFORMATION

Witness Name	**Phone**	**Statement**

EMPLOYEE CERTIFICATION

I certify that the information contained in this report is true and complete to the best of my knowledge.

Employee Signature	Date

MANAGEMENT INVESTIGATION

Immediate Cause

Root Cause Analysis

Corrective Actions

Preventive Actions

HR Comments

INVESTIGATION CHECKLIST

Documentation

☐ Photos Taken ☐ Witness Statements ☐ Medical Documentation ☐ Police Report

Notifications

☐ HR Notified ☐ Customer Notified ☐ Workers' Compensation Carrier

Compliance

☐ OSHA Recordable ☐ Drug Screen Required ☐ Return-to-Work Required ☐ Case Closed

MANAGEMENT APPROVALS

Supervisor Signature	Date	HR Signature	Date