



EMPLOYEE INCIDENT REPORT

To be completed and signed by the injured worker, reviewed and signed by the supervisor, and sent to the Safety Department. Use this form for near-miss incidents also.

Energy Efficiency Specialists™

Must be submitted within 24 Hours

Incident Information

Employee Name: _____ Job Name: _____
 Supervisor : _____ Place of Incident: _____
 Date of Incident: _____ Time of Incident: _____ am _____ pm
 Type of Incident: Near Miss Injury Illness Damage - Property Material Equip.

Nature of Injury

<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Other	Injured Part of Body:
<input type="checkbox"/> Fracture	<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Impalement	_____	
<input type="checkbox"/> Bruising	<input type="checkbox"/> Puncture	<input type="checkbox"/> Chemical Reaction	_____	
<input type="checkbox"/> Internal	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign Body		

Medical Treatment

No Treatment First Aid Urgent Care Clinic ER / Hospital Other: _____

Incident Description

Describe what happened (Who, What, Where, When, Why & How). Be specific and detailed

Incident Factors

What was most likely the cause related to the incident? (object, material, equipment, conditions)

Did an unsafe act by yourself or other contribute to the accident? (be specific)

Did personal factors contribute to the incident? (lack of knowledge, skill, experience, distraction, lack of training, fatigue)

Was the hazard discussed in the pre-task planning meeting? If no, explain.

Was PPE Required? YES NO Was the correct PPE in use? YES NO If YES: List the PPE If NO: Explain

Was the employee following safety procedures when the incident happened? YES NO If NO: Explain

How could this incident have been avoided?

List all witnesses:

Print Name **Signature** **Date:**

Employee	_____	_____	_____
Supervisor	_____	_____	_____