



Energy Efficiency Specialists™

## 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.

*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 _____ |
| <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      |                                      |

Injured Part of 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**