

INCIDENT REPORT

SECTION 1: INCIDENT INFORMATION (provide as much detail as possible)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	M.I.	Last Name	Date Hired
EMPLOYEE		STUDENT EMPLOYEE	STUDENT
			VISITOR OR CONTRACTOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MALE
			FEMALE
Job Title	Department	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor's First Name	Supervisor's Last Name	Supervisor's Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Incident Date:	<input type="text"/>	Incident Time:	<input type="text"/>	Time Shift Began:	<input type="text"/>	Date of Death:	<input type="text"/>
						<small>(if applicable)</small>	

Location of Incident:
(room/building/shop)

Was this part of your normal job duty? Yes No

What was happening just prior to the incident?

Describe in detail how the incident occurred (use additional sheet if necessary):

What was the injury or illness?

Did you seek medical treatment? Yes No

If yes, by whom & where?

- TYPE OF INCIDENT**
- Illness
 - Injury
 - Property Damage
 - Near Miss
 - Other

Were you treated in the emergency room? Yes No

Were you hospitalized overnight as an in-patient? Yes No

Did you receive treatment classified as first aid at a hospital or work site? Yes No

<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Signature	Date

If using the ELECTRONIC version of this document:

1. Type you signature and date above
2. Click Save
3. Email to your Supervisor to complete the back of this form.

If using the PAPER version of this document:

1. Sign and date this document
2. Make a copy for your records
3. Forward the original to your Supervisor to complete the back of this form.

INCIDENT REPORT

SECTION 2: SUPERVISOR SECTION Questions? We can help. Contact EHS for assistance.

Date incident was reported to me: Time:

Did person seek medical treatment? Yes No Have you been trained in incident investigations? Yes No
 Have similar incidents occurred? Yes No..... If yes, did incident involve same individual? Yes No
 Was the scene visited during the investigation? Yes No..... If yes, are pictures available? Yes No

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique
 Inattentiveness Incomplete or no policies/procedures Inadequate training on policies/procedures
 Inadequate adherence of policies/procedure

Other (specify):

Detailed explanation of checked box/boxes above:

UNSAFE CONDITION (PRIMARY): Inappropriate equipment/tool Inadequate maintenance Inadequate training
 Slip/Trip/Fall Hazard Worn/broken/defective building components

Other (specify):

Detailed explanation of checked box/boxes above:

Why did condition exist?

Contributing factors (if any):

Immediate action taken to prevent recurrence:

Long range actions to be taken:

What additional assistance is needed to prevent recurrence:

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Supervisor Signature

Date

If using the **ELECTRONIC** version of this document:
 1. Type your signature and date above
 2. Click Save
 3. Email to Environmental Health & Safety at: ehs@wright.edu
 4. **Or** Print and Mail to 047 BSII.

If using the **PAPER** version of this do
 1. Sign and date the document
 2. Make a copy for your records
 3. Forward the original to Environmental Health & Safety at: Fax: 937-775-3761 or Mail to 047 BSII

Occupational Incident Report **FOR OFFICE USE ONLY** Recordable Non-Recordable
 General Counsel Office of VP Student Affairs HR
 No. Lost Work Days: _____ No. Restricted Work Days: _____ CC to _____
 Date EHS Received: _____ Record # _____ EHS Signature: _____