INCIDENT REPORT

Investigation

|  |  |  |  |  |  |  |
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| OSHA Log # (Provided by EH&S Coordinator) |  | | | | | |
| Incident Date/Time: |  | | | | | |
| Reported By: |  | | | | | |
| Employee Injured Full Name: |  | | | | | |
| Incident Location: |  | | | | | |
| Medical treatment required: | | Yes |  | No |  |
| Medical Provider: |  | | | | | |
| Medical Location: |  | | | | | |

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| How Incident Occurred: |
| What was the employee doing just before the incident? Describe the activity, as well as the tools, equipment, PPE and/or material the employee was using. |
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| Sustained Illness/Injury: |
| What injury or illness was sustained? What part of the body was affected and how? What object or substance directly caused the harm? |
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| Investigation Performed By: |  | Date: |  |

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| Recommended Corrective Actions: | | |
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| Targeted Due Date: |  | |
| Responsible Person: | |  |

Corrective Action Approval

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| Direct Manager of Employee: |  | Date: |  |
| EH&S Coordinator: |  |  |  |
| Sr. Management: |  | Date: |  |

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| Follow-Up Review: | | | | |
| Provide evidence of the corrective action completion/implementation. | | | | |
|  | | | | |
| Performed By: |  | Date: |  |

Closeout

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| Direct Manager of Employee: |  | Date: |  |
| EH&S Coordinator: |  |  |  |
| Sr. Management: |  | Date: |  |