

CITY OF LEBANON

EMPLOYEE NOTICE OF INCIDENT OR OCCUPATIONAL EXPOSURE

Employee notice of: _____ Occupational Exposure _____ Illness/Injury/Incident

Please describe fully how the incident/occupational exposure occurred:

If reporting a trip/slip/fall, please describe weather conditions of area where incident occurred and if proper footwear was being worn:

Date of incident/occupational exposure: _____ Time: _____ [☐] a.m. [☐] p.m.

Did you lose time from work? [☐] Yes [☐] No

Did you return to work on date of incident/occupational exposure: [☐] Yes [☐] No

Initial treatment (check all that apply):

_____ No Medical Treatment _____ Employer Treated _____ Other
_____ Hospitalized _____ Emergency Care

Name & address of treating physician and hospital: _____

Part(s) of Body Affected: _____

Witnesses: _____

Employee Name: _____ Home/Cell Number: _____

Physical Address: _____

Name Supervisor Notified: _____

Date Supervisor Notified: _____

Supervisor Signature

Employee Signature

Dept. Head Signature

Date of Incident _____ Department: _____

Time of Incident: _____ Part(s) of body affected: _____

LOSS PREVENTION SAFETY COMMITTEE REPORT

The purpose of this form is to help the City of Lebanon Loss Prevention Safety Committee gain information on how future incidents may be prevented, and to develop training programs to prevent incidents/occupational exposures.

TO BE COMPLETED BY EMPLOYEE

Please describe any equipment or materials including safety equipment being used when this incident occurred: _____

In your opinion, why did this incident occur? _____

How could this incident have been prevented? _____

Is there any other information you can provide that will help in preventing this type of incident in the future? _____

Date received by Finance: _____

Initials: _____