INCIDENT REPORT

Date of Incident:	**Time of Incident:**	**Statement Date:**
Location of Incident:		**Statement Time:**
Superintendent Name:		**Job#**
Name:		**Phone#**

TYPE OF INCIDENT	
☐ **NEAR MISS**	☐ **FIRST AID**
☐ **MOTOR VEHICLE**	☐ **PROPERTY DAMAGE**
☐ **NON-WORK RELATED**	☐ **OTHER** _____

Describe clearly how the incident occurred (What Happened?)
Witnesses: (Name & Phone Number):
What are the contributing Factors:
What is the Root Cause? (Underlying reason why this incident happened)
Suggestion/Recommendation for prevention:
What action has or will be taken to prevent recurrence?

☐ **I do want to visit a clinic for additional medical treatment at this time.**	**Initial:**
☐ **I do not want to visit a clinic for additional medical treatment at this time.**	**Initial:**
Employee Signature:	**Date:**

Superintendent Name:	
Superintendent Signature:	**Date:**