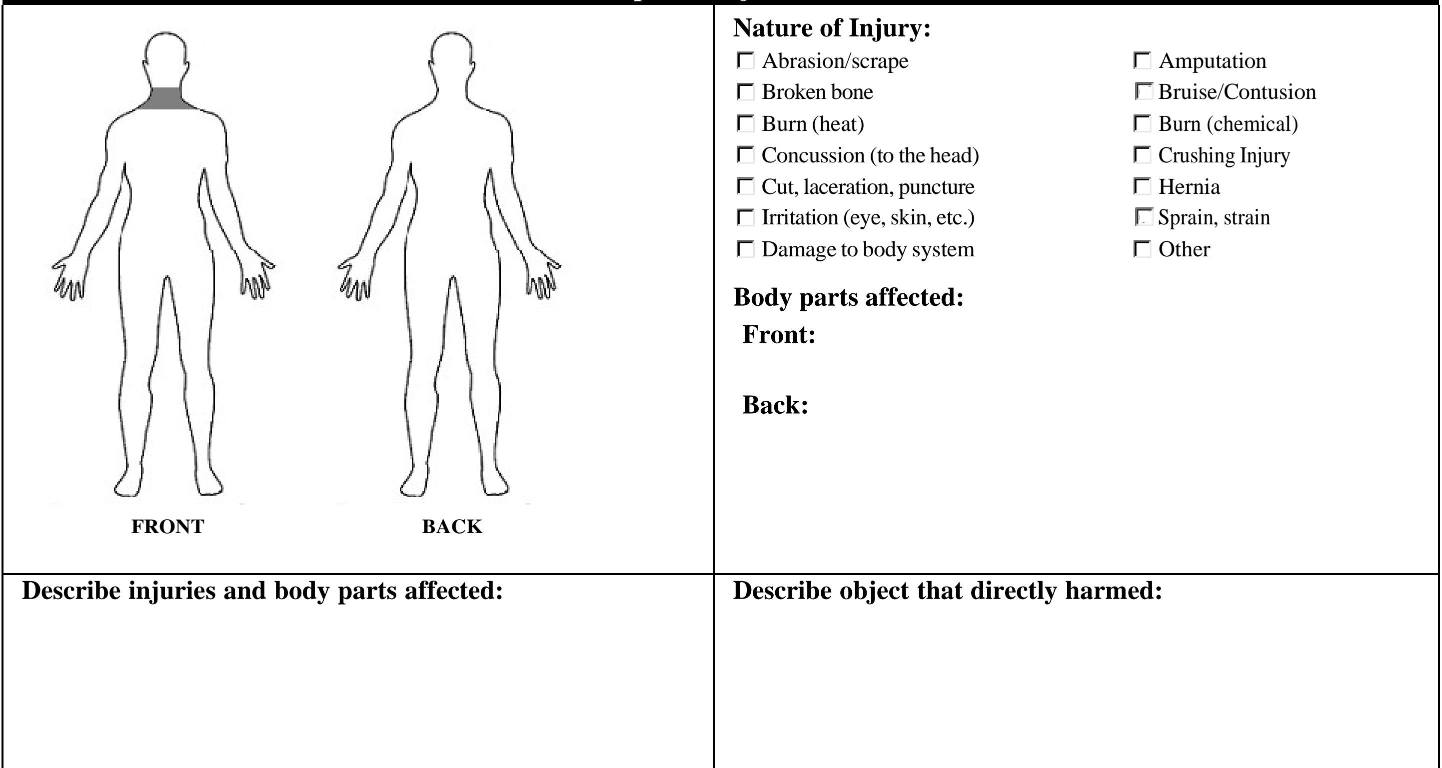
SAFIRST CORPORATION
RISK MANAGEMENT & SAFETY CONSULTING

Incident Report

Incident Detail	
Incident Name:	**Date of Incident:**
Incident Type: Accident / Incident Injury/ Illness Near Miss	**Workday period:**
Person's Name:	**Self: Employee: 3rd Party:**
Location:	

Incident Activities
What lead up to the incident?
Describe what happened?



Reported Injuries

FRONT

BACK

Nature of Injury:

- ☐ Abrasion/scrape
- ☐ Broken bone
- ☐ Burn (heat)
- ☐ Concussion (to the head)
- ☐ Cut, laceration, puncture
- ☐ Irritation (eye, skin, etc.)
- ☐ Damage to body system
- ☐ Amputation
- ☐ Bruise/Contusion
- ☐ Burn (chemical)
- ☐ Crushing Injury
- ☐ Hernia
- ☐ Sprain, strain
- ☐ Other

Body parts affected:

Front:

Back:

Describe injuries and body parts affected:

Describe object that directly harmed:

Treatments

Type of treatment given:

- ☐ First Aid/On site
- ☐ Treatment by Doctor
- ☐ Treated in Emergency Room
- ☐ Hospitalized Overnight
- ☐ None/Refused
- ☐ 911 Activated

Transported Via Ambulance

Other

Treatment given by:

Facility:

Address:

Phone:

Physician:

Treatment Detail:

Incident Conditions

Conditions contributing to incident:

- ☐ Poor housekeeping
- ☐ Poorly designed workstation
- ☐ Guards/barriers missing or inadequate
- ☐ Vehicle not properly maintained
- ☐ Poor lighting/illumination
- ☐ Hazardous atmosphere/poor ventilation
- ☐ Inclement weather
- ☐ Congested work area
- ☐ Walking/working surfaces in poor repair
- ☐ Machinery/equipment not maintained
- ☐ Tools not properly maintained
- ☐ Safety device was defective
- ☐ Working from height
- ☐ Other

Why did unsafe conditions exist?

Incident Behaviors

Behaviors contributing to incident:

- ☐ Did not adhere to company policy
- ☐ Took unnecessary risk
- ☐ Worked at unsafe speed/rushed
- ☐ Used equipment in improper or unsafe manner
- ☐ Used poor posture/poor ergonomics
- ☐ PPE not used or not worn properly
- ☐ Working under the influence
- ☐ Acted unprofessionally/horseplay
- ☐ Distracted/mind not on task
- ☐ Performed task when not authorized or trained
- ☐ Failed to use available equipment
- ☐ Used improper lifting technique
- ☐ Bypassed safety devices
- ☐ Other

Why did unsafe acts/behaviors occur?

Witness Information (Supplemental Forms Filled out by all Witnesses)

Name	Phone	Email	Address	City	State	Zip

Submission Detail

Submitted by:	Date/Time:	

Reviewed By Safirst Member:________________________ **Hospitalization** **Loss of Sight** **Death**