

REPORT OF INCIDENT, ACCIDENT, AND INJURY

Complete information and forward to Human Resources/Risk Management within **24 hours** of incident via fax, e-mail, or hard copy.

SECTION 1: Type of Incident:

	Injury		Accident - Vehicle		Near – Miss		Private Property Damage
	Injury & Property		Accident Equipment		City/Public Property Damage		

SECTION 2: Employee Information (all field required):

Employee Name		Employee Contact Number	
Employee Position		Department	
Supervisor		Supervisor Contact Number	
Time Employee Began Work		Employment Status (FT, PT)	
Unable to Return to Work		Date Last Worked	

Date of Incident		Time of Incident	
Address/Location			
Person Notified			

SECTION 3: Incident Information

Detailed description of employee's actions at time of incident (how, what, why):

Direct cause(s) of incident:

Were other employees involved? If so provide name(s) and contact number(s):

Witness Name/Telephone Number:

Did the employee receive basic first aid?	Yes	No
Was the employee sent to FOX Occupational Clinic?	Yes	No
Was the employee sent to emergency room?	Yes	No
Name and address of hospital?		
Was employee sent to another occupational clinic?	Yes	No
Name and address of clinic?		
Was treatment refuse?	Yes	No
Comments:		

SECTION 4: Indicate injured body part

Ankle	R	L	Fingers	R	L	Torso	Teeth	
Foot	R	L	Thumb	R	L	Neck	Throat	
Toes	R	L	Hand	R	L	Back - Lower	Mouth	
Knee	R	L	Wrist	R	L	Back - Middle	Nose	
Leg	R	L	Arm	R	L	Face	Internal	
Calf	R	L	Forearm	R	L	Head	Nose	
Thigh	R	L	Elbow	R	L	Heart	Internal	
Hip	R	L	Shoulder	R	L	Teeth		
Buttocks			Ear	R	L	Throat		
Groin	R	L	Eye	R	L	Mouth		
			Other:					

SECTION 5: Indicate type of injury

Abrasion	Compound Fracture	Numbness
Amputation	Crushed	Pain
Bite/Sting	Cut/Laceration	Puncture
Blister	Crushed	Repetitive Motion
Break/Fracture	Dermatitis	Swelling
Bruise/Contusion	Hearing	Splinter
Burn – Chemical	Illness	Sprain/Strain
Chemical Exposure	Loss of Consciousness	
Exposure to		
Other		

SECTION 6: Damage Information (Vehicle/Equipment)

Redlands Police Report Number			
Other Agency		Report or Reference Number	
City Vehicle Identification Number		City License Number	
Make & Model of Vehicle/Equipment			
Extent of damage to equipment/vehicle			
Is the vehicle/equipment out of service?			
If yes, is it:	Temporarily out of service		Permanently out of service
Where will the repairs be made?	City Garage		Other
Additional information/comments			

SECTION 7: Corrective Action(s)

What corrective actions have been taken to prevent recurrence?

Employee Signature

Date

Supervisor Signature

Date