EMPLOYEE'S REPORT OF INCIDENT

Instructions: Employees shall use this form to report all work-related incidents – ***no matter how minor the incident may appear.*** This helps us to identify and correct situations before they cause serious injuries. This form shall be completed by employees as soon as possible and given to their supervisor for further review and action.

Employee Name:				Date of Birth:	
Occupation:			Department/Site:		
Employee Phone:		Employee Email:			
Date of Incident:		Time of Incident:	__________ AM __________ PM		
On Employer's Property?	☐ Yes ☐ No				
Location of Incident:					
Describe what you were doing at the time of the incident:					
Describe how the incident occurred:					
If this was a motor vehicle accident was a police report taken? ☐ Yes ☐ No If "Yes," which police department took the report?					
Was any other person injured? ☐ Yes ☐ No If "Yes," please list:					
Were any tools, equipment or motorized vehicles involved with the incident? ☐ Yes ☐ No If "Yes," please explain:					
Could something been done to prevent the incident from occurring? ☐ Yes ☐ No If "Yes," please explain: (equipment, tools, assistance, judgement, etc.)					
Please describe any safety hazard(s) you observed:					
List all witnesses or those, other than your supervisor, you reported the incident to:					
Supervisor's Name:					
Supervisor's Phone:					
If you did not report the incident to your supervisor, who did you report the incident to?					
Did you receive a claim form (DWC-1)?	☐ No ☐ Yes Date: __________________				
Did you sign and return the claim form?	☐ No ☐ Yes Date: __________________				