

# INCIDENT REPORT

The first step to report an injury or accident is to notify Medcor at 1-8775-5866. This should be done (with your Supervisor if possible) prior to completing this form. Medcor Call Reference #

<b>TYPE OF INCIDENT:</b>	Near Miss	Injury	Illness	Property Damage	Other:	
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GENERAL INFORMATION   Individual Involved							
<b>First Name:</b>		<b>Middle Initial:</b>		<b>Last Name:</b>			
<b>Phone:</b>							
<b>Address:</b>							
<b>City:</b>				<b>State:</b>			<b>Zip:</b>
<b>Hire Date:</b>				<b>Job Title:</b>			
<b>Manager:</b>				<b>Department:</b>			
<b>Date of Birth:</b>				<b>Gender:</b>	Male	Female	
<b>Employment Status:</b>	Full-Time	Part-Time	Temporary	Contractor	Visitor		

INCIDENT INFORMATION							
<b>Date of Incident:</b>		<b>Time of Incident:</b>		AM	<b>Start Work Time:</b>		AM
				PM			PM
<b>Where did the incident happen?</b> <i>Be Specific</i>							
<b>Provide a detailed summary of the incident.</b>							

INJURY / ILLNESS INFORMATION							
Injury / Illness Type				Affected Body Parts			
				<i>Left / Right</i>		<i>Left / Right</i>	
Burn	Pinch	Head	Eye	Hip			
Bruise	Puncture	Mouth	Ear	Upper Leg			
Chemical	Rash	Teeth	Shoulder	Lower Leg			
Contusion	Respiratory	Throat	Arm	Knee			
Crush	Sprain/Strain	Lungs	Elbow	Ankle			
Cut		Neck	Wrist	Foot			
Foreign Body		Back	Hand	Toe(s) <i>Specify Below</i>			
Fracture		Internal Organs	Finger(s) <i>Specify Below</i>				
<i>Other Types of Injury or Illness:</i>				<i>Other Affected Body Parts or Additional Information:</i>			
YES	<b>BLOODBORNE EXPOSURE:</b>						
NO	Did any individuals involved in the incident have significant exposure to blood or other potentially infectious? → <i>If "YES," immediately report the exposure to Company Management.</i>						

**MEDICAL TREATMENT**

Did the individual receive first aid treatment onsite?

YES NO

→ If "YES", summarize the treatment provided:

Did the individual seek medical care or attention?

YES NO

→ If "YES", complete the information below:

Clinic / Hospital:

Name of Provider:

Phone:

Address:

**PROPERTY DAMAGE**

Provide a detailed description of the damage.

Where did the damage occur (location)?

What is the estimated cost of the damage?

**WITNESSES**

Name:

Phone:

Name:

Phone:

**INCIDENT ACKNOWLEDGEMENT | Required Signatures**

I acknowledge that the incident report's information is accurate and provides a complete account of the incident.

Individual Involved:

Date:

Supervisor/Manager:

Date:

Human Resources:

Date:

Date:

**TO BE COMPLETED BY HUMAN RESOURCES**

Claim #:

Claim Administrator:

OSHA Recordable

Entered in OSHA 300 Log

YES NO

YES NO