**PART A – to be completed by individual(s) directly involved or injured in the incident.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Injury – complete relevant Forms | [ ]  | Spill / Contamination / Environmental Release | [ ]  | Property Damage |
| [ ]  | Near Miss (an incident with no actual harm done, but with the potential for causing one of the above) |

**IDENTIFY – Person(s) involved Date and Time of Incident**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       | [ ] AM[ ] PM |
| First Name | Last Name | Year | Month | Day | HH:min |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department / Faculty: |       | Address: |       | Phone #: |       |
| Occupation: |       |

**Description of Incident** (Add additional pages if necessary)

State exactly the sequence of events leading to the incident, where it occurred, what the person was doing, the size, weight and type of equipment or materials involved, etc.

|  |
| --- |
|       |

**WITNESSES (if any)**

|  |  |  |
| --- | --- | --- |
| **NAME** | **DEPARTMENT** | **Phone #** |
|       |       |       |
|       |       |       |

**PROPERTY DAMAGE**

|  |  |  |
| --- | --- | --- |
| Identify property involved. Give machine name, tool name, etc. | Description of damage or loss | Estimated value of Loss |
|       |       |       |
|       |       |       |
|       |       |       |

Completed by: Date:

 Print Name

 **PRINT, SIGN and Forward to Supervisor IMMEDIATELY**

 Signature

**PART B – to be completed by Supervisor within 24 hours.**

**Why did it happen?** (conditions and/or actions contributing to injury/incident)

|  |
| --- |
|       |

Please attach additional sheet(s) as necessary

|  |  |  |
| --- | --- | --- |
| **Corrective Actions to Prevent Re-occurrence** | **Action by whom** | **Date to be completed** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Investigated by:       Title:

 Print Supervisor’s Name

 Phone #:       Date:

 Signature

**For EH&S Use Only**

 [ ]  Chemical [ ]  Radioactive [ ]  Physical [ ]  Biohazard [ ]  Fire/Explosion [ ]  Vehicle [ ]  IAQ

Further follow-up required? [ ]  Yes [ ]  No

If yes, indicate action required below and attach details if required.

Reviewed by

EH&S Officer

 Name Signature Date