

Incident Report

All first aid, health care and lost time incidents that are work-related are required to be reported by law. If this is a Critical Injury, call ERC at 1-800-533-6111 or 911 immediately.

A. Worker's Name and Injured Information

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Type of Accident/Illness Please check all that apply

Struck/Caught	Fall from height	Motor Vehicle Incident
Overexertion	Harmful Substances/Environmental (chemical, etc.)	Assault
Repetition	Animal	Fire/Explosion
Slip/Trip	Needle stick - specify exposure type	

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C. Investigation / Corrective Action THIS SECTION TO BE COMPLETED BY SUPERVISOR

Unsafe equipment or tools Unsafe loading, lifting, placing Hazardous method/procedure No identified procedure or lack of SOP Inadequate training Fire, explosion, atmospheric hazard		
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YesYesYes

D. Health Care		vM zE}	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXXXXXXXXX XXXXXXXXXX			
<input type="checkbox"/>			

E. Lost Time	
next day/shift after	~ Á]š μ v š]o v Æ š Ç () Œ š Z] • ‹ μ • š] } v •
Complete following questions only if there was lost time from work after day of incident	

<input type="checkbox"/>	_____	<input type="checkbox"/>
