



Please fill in all questions and return to Donna Honey within 24 hours of report date.

EMPLOYEE REPORT OF INCIDENT

NAME OF INJURED (LAST NAME, FIRST NAME)	SOCIAL SECURITY #:	DATE OF BIRTH:
ADDRESS:	CITY/ZIP CODE:	PHONE #:
JOB TITLE:	JOB LOCATION:	JOB #:
WHEN	Date and time of incident: Date: ___/___/___ Time: _____ Date reported to Job Foreman: ___/___/___ If delayed, why?	
DESCRIPTION OF INCIDENT	Detail what employee was doing (i.e. at risk behavior) and/or what physical objects (machines, equipment), material (chemical vapor/inhalant) (i.e. unsafe conditions) were involved: Were you doing something other than required duties: NO YES if yes, Explain:	
WHAT	State body part(s) injured: Was treatment beyond first aid required? NO YES if yes, Explain: Fatality: YES NO When: _____ Lost time: YES NO	
WHERE	Exact location where incident occurred: Was ambulance transport necessary? YES NO To what facility?	
WITNESSES	Last name, First name/Title/Tel. #:	

WHY	Comment on the causes of this incident:
PREVENTION	<p>What should be done and by whom to prevent recurrences of this type of incident? (Training, mechanical change, procedural change)</p> <p>What action are you taking to see that this is done?</p>

AUTHORIZATION AND RELEASE:

I hereby certify that the information on this form is true. I understand that fraudulent filing of a workers' compensation insurance claim is unlawful. This can be grounds for termination and/or punishment by the legal system.

I hereby authorize Bill's Electric Inc. to review and obtain copies of my medical and vocational records and all related records and reports. I also authorize the sharing of this information with any institution, organization, person or persons deemed appropriate by Bill's Electric Inc. I agree that a copy of this authorization shall be valid as the original.

Employee Signature: _____ Phone #: _____ Date of this report: ____/____/____

Job Foreman's Signature: _____ Date: ____/____/____

Comments:

<p>JOB FOREMAN – DO NOT WRITE BELOW THIS LINE!</p> <p>Date report received by Safety Manager: ____/____/____</p> <p>Date forwarded to HR: ____/____/____</p>	<p># of days lost: _____</p> <p>OSHA Log #: _____</p> <p>OSHA notified? (fatality, 3 hospitalizations):</p> <p style="text-align: center;">YES NO</p>
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