



Please fill in all questions and return to Donna Honey within 24 hours of report date. Please use separate sheet of paper for any statements that may be made during this accident investigation.

JOB FOREMAN 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: Was employee 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> <p>Job Foreman's Signature: _____</p> <p>Phone #: _____ Date of this report: ____/____/____</p> <p>Employee Signature: _____ Date: ____/____/____</p>

<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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