WORKPLACE SAFETY INCIDENT REPORT FORM

Date and Time:	Reporting Method (e.g. in-person, over phone, email):
Employee Completing the Form:	Department/Division:
Name of the Individual Reporting the Incident:	Contact Information of Reporting Party:
Date of Incident:	Time of Incident:
Street Address of Location Where Incident Occurred:	City/State/Zip:
Location Type (ex: office, clinic, park, hospital, campus):	Area Where Incident Occurred (ex: main lobby, room#)
Safety Incident Type: ☑ Threat of Act of Workplace Violence ☐ Unsafe Condition ☐ Unsafe Act ☐ Public Access Issue ☐ Suggestion ☐ Near Miss ☐ Other:	Safety Incident Cause: (Defective equipment, poor ventilation or lighting, exposure to unsafe condition, physical attack, procedures not followed, etc.)

Names of witnesses or others involved:

Classification of circumstances at the time of the incident:

- ☐ Performing usual job duties
- ☐ Isolated or working alone
- ☐ Working in high crime area
- ☐ Lack of equipment
- ☐ Working in a poorly lit area
- ☐ Other Circumstances

Type of medical treatment provided:

☐ None ☐ First-Aid ☐ Fire Paramedic or Ambulance ☐ Hospital ☐ Triage with department nurse

Was environmental sampling done: ☐ YES ☐ NO	Which agency conducted the sampling:
Was security or police involved: ☐ YES ☐ NO	Security or police agency:
Name or Person(s) who conducted the investigation:	Job Title:
Were findings from the investigation substantiated:	Date of investigation or review:

Detailed incident description, including:

- All employees and individuals involved before, during and after the incident.
- Detailed account of the incident as events occurred, including a specific timeline.
- Findings and outcomes from the investigation.

What actions have been taken, or are recommended to prevent incident reoccurrence (check all that apply):

☐ Equipment "Out of Service" for repairs
☐ Order new or additional equipment
☐ Facilities Maintenance Service Requested
☐ New or additional warning signage
☐ Ergonomic evaluation or job assessment
☐ Safety procedures to be reviewed or developed
☐ Other: (Specify)

(After form is complete, please give to your supervisor and email to DEI@kerncounty.com*)*