**Incident Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident Date: |  | Reported To: |   | Date Reported: |  |
| Incident Time: |  | Time Reported: |  |
| Person(s) Involved: |  | Witness(s): |  |
| Incident Type: | **Report Only** | **Near Miss** | **First Aid** | **Medical Treatment** | **Environment** | **Property Damage** |
| Location Occurred: |  |
| Incident Description: |  |

**Injury Details** *(FOR ALL INJURIES COMPLETE A WORKER’S COMPENSATION RIGHT TO CLAIM FORM)*

|  |  |  |  |
| --- | --- | --- | --- |
| First Aid Treatment Provided: |  | First Aid Provider: |  |
| InjuredBody Part:Number(s)Other: | A picture containing shape  Description automatically generated |
| Injury Type: | Insect Bite or Sting |  | Bruise or Contusion |  | Cold Exposure |  |
| Slip, Trip, Fall |  | Cut or Laceration |  | Fracture or Break |  |
| Muscle Stress (soreness) |  | Chemical Exposure |  | Dislocation |  |
| Foreign Object  |  | Burn or Scald |  | Crush |  |
| Strain or Sprain |  | Heat Stress |  | Amputation |  |

**Environment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Substance Involved: |  | Quantity: |  |
| Environmental Incident Description: |  |
| Immediate Action Taken: |  |

**Property Damage Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Damage Details:** | Company Vehicle |  | Private Vehicle |  |  | Insurance Claim? | YES |  |
| 3rd Party Vehicle |  | Other |  | NO |  |
| Company Vehicle Reg. |  | Driver’s Name: |  |
| **Damage Description**:

|  |
| --- |
|  |

**Diagram, engineering drawing  Description automatically generated*Attach Pictures******To Email.*** |