APPENDIX 1

ACCIDENT/INCIDENT REPORT

This report is to be completed by an Employee and submitted to his/her Supervisor within 24 hours from the time of an Incident, Accident, Injury, Exposure, or Illness. If medical attention is required call Rapid Care to report at 1-855-959-2741.

Employee Name: _____ Job Title: _____
Date of Accident/Incident: _____ Time of Accident/Incident: _____
Location of Accident/Incident: _____
Date Accident/Incident Reported: _____ Time Accident/Incident Reported:
Accident/Incident Reported To: _____
Supervisor: _____ 801 Claim Filed? ☐ Yes ☐ No
Name(s) of Witnesses: _____ (**Complete 801 if medical treatment is sought)**
_____

Parts of Body Affected:

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☐ Eyes	☐	☐
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐

Upper Extremities	Left Side	Right Side
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐

Lower Extremities	Left Side	Right Side
☐ Thigh	☐	☐
☐ Lower Leg	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐

Trunk	Left Side	Right Side
☐ Lower Back	☐	☐
☐ Upper Back	☐	☐
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Nature of Injury:

☐ Cut
☐ Scrape
☐ Bruise
☐ Skin Rash
☐ Numbness
☐ Dizziness
☐ Sprain or Strain
☐ Foreign Body in Eye or Silver
☐ Burn
☐ Electric Shock
☐ Difficulty Breathing
☐ Inflammation
☐ Jammed Finger or Toe
☐ Pain in Body Part
☐ Other: _____

Contributing Factors:

☐ Machinery Defect (Save defective parts & pieces)
☐ Tool or Equipment Broke (Save broken parts)
☐ Equipment Guarding
☐ Proper Tools/Equipment Not Available
☐ Floor, Work Surface, or Walking Surface
☐ Housekeeping
☐ Lighting
☐ Clothing or Jewelry
☐ Improper Ergonomics
☐ Other: _____

Work Behavior At Time of

☐ Lifting ☐ Carrying ☐ Reaching
☐ Pushing ☐ Pulling ☐ Running
☐ Bending ☐ Twisting ☐ Jumping
☐ Stepping (from one level to another)
☐ Typing/Office Related Repetitive Motion
☐ Other Repetitive Motion
☐ Driving
☐ Innocent Bystander
☐ Other: _____

Describe What Happened. (Include sequence of events; equipment, materials, and substances being used; include environment.) Be Specific.

_____
_____
_____

List safety equipment employee was using/wearing:

_____
_____

Have you received training for or had experience with this particular task?

_____

Have you had any similar incidents in the past? ☐YES ☐ NO
If YES, please describe, including any dates or specific information.

_____
_____

What do you think can be done to prevent this incident from reoccurring?

_____
_____

Employee's Signature: _____ Date: _____

Report Received By:_____Date/Time Received: _____

To Be Completed by Employee's Supervisor:

Why did the accident/incident happen or the condition exist?_____
_____

What could have been done, or should be done, to prevent this accident/incident?

_____
_____

Have there been other accidents or incidents related to this same activity? _____
If yes, what action was taken? _____

Supervisor's Signature: _____ Date: _____

Please Obtain Witness Information on a Separate Piece of Paper and Include that in your File.