

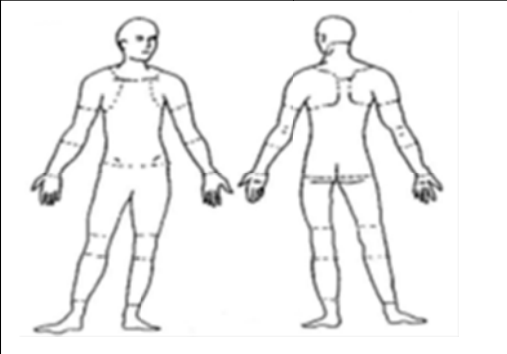
EMPLOYEE INCIDENT REPORT



TO BE COMPLETED BY DEPT. INDICATE ALL THAT APPLY:
EMPLOYEE'S WORK STATUS AT TIME OF REPORT

This employee is:

- Regular duty as of _____
- Light duty as of _____
- Out of work as of _____
- For reporting purposes only _____

EMPLOYEE INFORMATION: <i>(To be completed by employee)</i>		
Last Name:	First:	MI:
DOB:	Gender: M F	
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Department:	Job Title:	
Date of Hire:	Time Workday Starts:	AM/PM
DETAILS OF THE INCIDENT:		
Date of Incident:	Time of Incident:	AM/PM
Where were you working when the incident occurred: <i>(Name of street, building, office, etc. Be specific.)</i>		
What were you doing just before incident occurred:		
In detail, describe how it happened: <i>(Include duties being performed and list any object/substance/truck, vehicle or equipment involved)</i>		
Did an injury occur? ____ Yes ____ No If Yes, list what parts of your body were involved. (Be specific such as left knee, right hand, etc.) _____ _____ _____ _____	Please also mark it on the diagram below: <div style="text-align: center; border: 1px solid black; padding: 10px;">  </div>	
Were you wearing Personal Protective Equipment (PPE)? Explain.		

Did you seek medical treatment? _____ First Aid Only _____ Outside Medical Treatment
If yes, list name of physician and/or hospital.

If no treatment, why not?

Were you released to your regular job? _____ Yes _____ No
Were you released to light duty _____ Yes _____ No
If cleared for light duty, please give the restrictions:

List all witnesses and others in the area at the time the incident occurred.

To whom did you report the incident?
When did you report it?

I certify that the information contained in this report is true and correct. I understand that any falsification of information regarding an on the job injury may result in disciplinary action and/or action permissible pursuant to the Rhode Island Workers' Compensation statute.

Employee's Signature

Date

SUPERVISOR'S INFORMATION :

What was the employee doing at the time of the incident? Did you talk with him/her directly?

Was the employee following standard procedures at time of incident? Explain.
Was there a violation of department safety practices? Explain.

What could have been done to prevent the injury?

Have you interviewed all other persons present? If witness statement not attached, please identify individuals and summarize their statements.
Is there anyone you have NOT interviewed? Explain.

What have you done to communicate with your staff about how to prevent this from happening again?

Supervisor's Signature

Date



EMPLOYEE INCIDENT REPORT- WITNESS STATEMENT

INFORMATION ABOUT WHO IS MAKING THIS STATEMENT:	
Your Name:	
Department:	Job Title:
Contact Information: Work phone:	
Home phone:	Cell phone:
Name of your foreman or supervisor:	

INCIDENT INFORMATION:
Date and Time of Incident:
Name of Employee Involved:
Name of Interviewer and/or Translator (if applicable)

ACCIDENT DETAILS:
Where did the incident occur? (Name of street, building, office, etc. <i>Be specific.</i>)
Where were you when the incident occurred?
Did you actually see the incident happen? If yes, please explain what you saw.
How did the injured person say the incident occurred?
Was any machinery or tool involved? What was it?
Was anyone else in the area? If yes, please list their names.
Did the employee appear hurt after the incident? If yes, was there any specific body part that appeared injured?
What did you notice about the injured person? (<i>Bleeding, limping, vomiting etc.</i>)
What complaints did the employee make?
Has the employee complained of any hurt/discomfort in that area of the body before?
What happened immediately after the incident?
Did the employee continue to work?
Is there anything else you think is important about the incident or injury?

To the best of my knowledge, all information in this statement is true. _____ (initial)

Witness Signature

Date