Community Action Partnership of Mid-Nebraska

Incident Report Form

Claimant Information			
Name:		**Sex** ☐ **M** ☐ **F**	**Age:**
Address:		**Phone Number:**	
Location of Incident:		Task being Performed:	
Name of Witness #1:		Name of Witness #2:	
Phone # of Witness #1:		Phone # of Witness #2:	

Incident Information	
Incident date: _____ / _____ / _____ Day of week: _______________ Time: ______ : ______ AM ☐ **PM** ☐	
Location of incident:	
Was incident reported when it occurred?	☐ **Yes** ☐ **No**
Incident Reported to:	**Time Reported:**

Describe Clearly How the Incident Occurred:

Witnesses Account of Incident (if any):

Analysis (What Acts and / or conditions directly contributed to the incident?):

Corrective Action (What actions have or will be taken to prevent recurrence): For HR follow-up.

Signature of Claimant:	**Date:**
Signature of Witness #1:	**Date:**
Signature of Witness #2:	**Date:**
Signature of Supervisor:	**Date:**
Signature of Human Resources:	**Date:**

Bodily Injury Information

Cause of injury: **Describe unsafe conditions or unsafe acts**			
Individual injured by:	☐ Self-inflicted	☐ Staff member	☐ Other member
Incident Occurred:	☐ Entering facility	☐ Inside of facility	☐ While exercising/stretching
	☐ Exiting facility	☐ Outside of facility	☐ Other:
Type of injury:	☐ Abrasion/scratch	☐ Fracture/break	☐ Sprain/strain
	☐ Contusion/bruise	☐ Laceration/cut	☐ Other:
Action Taken:	☐ None	☐ First Aid treatment by Staff	☐ Other:
	☐ Referred to Doctor Name:	☐ Referred to nurse Name:	☐ Transported to hospital: Name:
Treatment Provided:	☐ None	☐ First aid	☐ Medical office visit
	☐Emergency room /outpatient	☐ Inpatient services	☐ Other:
Part of body injured:	☐ Abdomen	☐ Eye	☐ Leg
	☐ Arm	☐ Foot / toes / ankle	☐ Mouth / Teeth
	☐ Back	☐ Hand / fingers	☐ Neck
	☐ Chest	☐ Head / skull	☐ Nose
	☐ Ear	☐ Knee	☐ Other:

Supervisor's Report of Accident

Manager / Supervisor's Name:

Basic Rules for Incident Investigation

- Find the cause to prevent future incidents - Use an unbiased approach during investigation
- Interview witnesses & injured employees at the scene - conduct a walkthrough of the incident
- Conduct interviews in private - Interview one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the incident scene.
- What hazards or unsafe conditions are present - what unsafe acts contributed to accident
- Ensure hazardous conditions are corrected immediately.
- Attach additional comments regarding incident to this form.

Supervisor's Root Cause Analysis

Check ALL that apply to this incident

Unsafe Acts		**Unsafe Conditions**	
By-passing or avoiding safety devices	☐	Damaged flooring, tiles or surfaces	☐
Drug or alcohol use	☐	Inadequate guarding of hazards	☐
Entered area without authority	☐	Insufficient lighting	☐
Failure to warn (no warning signs)	☐	Lack of flooring covering (mats)	☐
Horseplay	☐	Lack of safety devices (handrails)	☐
Improper maintenance of area	☐	Obstructed view	☐
Insufficient knowledge of area	☐	Poor housekeeping	☐
Moving at improper speeds	☐	Poor surface conditions	☐
Safety rule violation	☐	Slippery / wet conditions (spills)	☐
Other:	☐	Tripping hazards / congestion in area	☐
		Other:	☐
Re-Training Assigned (Date)		Unsafe Condition Guarded (Yes or No)	
Re-Training Completed (Date)		Unsafe Condition Corrected (Date)	