EMPLOYEE SAFETY INCIDENT REPORTING FORM

For detailing near miss, safety incidents or vehicle/property damage

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Please complete this form in full and document the facts before end of Current Shift.

Date of Incident: __/__/____ Time of Incident: _____ Location of Incident: _____

Employees/witnesses on scene at the time of incident:

_____

Please describe the events that occurred (*Note: Use attached sketch if helpful*):

_____

_____

_____

_____

_____

_____

_____

_____

Were there any injures to employees? Yes ___ No ___

If Yes Fill out Injury Report Form.

Please describe any customer, or City property, or equipment damage due to incident:

_____

_____

_____

In the event of an accident involving a City-owned vehicle, please capture the following (*Supervisor please send this report to the Fleet Manager*):

Reported to (e.g.; TCPD, GT Sheriff, MSP, etc.):_____

Officer Name: _____ Police Report #_____

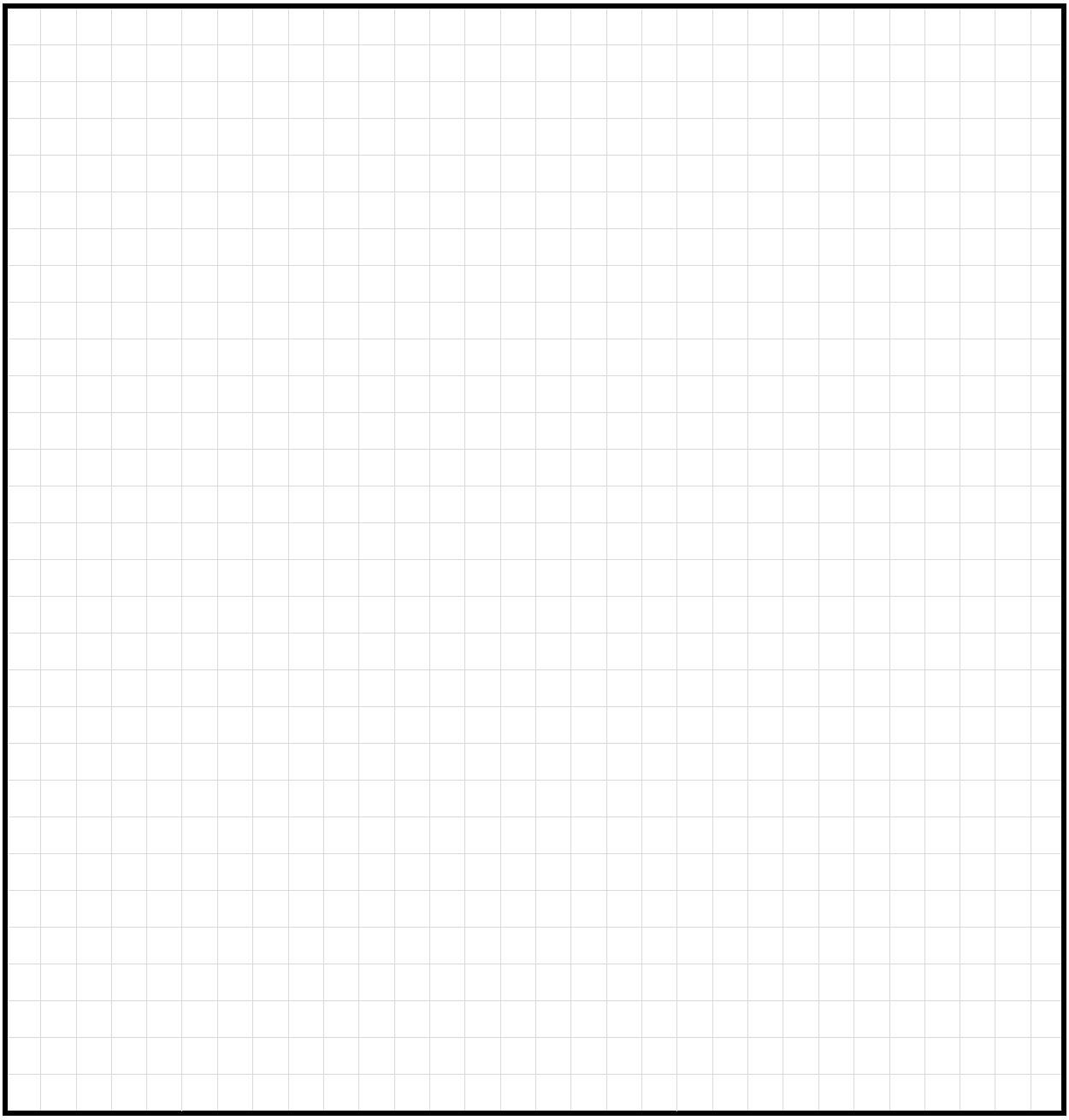
Vehicle #_____ Year _____ Make _____ Model_____

Name of Driver (City Vehicle):_____

Name, phone number and address of Owner of other property/vehicle damaged:

_____

Incident Sketch:



Please list any lessons learned (*Recommendations to prevent this from happening again*):

_____

_____

_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____