

Incident Report

This form is to be used to report any Accidents/Incidents.

Name _____
(please print)

Describe the Accident/Incident: _____

Who did you first report the Incident to: _____

Date: _____ Time: _____ A.M. / P.M.

Names/Addresses of Witness (Be Specific): _____

List any injured person(s): _____

Damage done to other property/person/self: _____

Was a police report filed/ambulance called/or Workers' Compensation Claim started? ____ Yes ____ No
If "no", why? _____

Was anyone found at fault? ____ Yes ____ No If so, who? _____
If "yes", attach a copy of the report to this form.

Time Incident Occurred: _____ A.M. / P.M. Date Incident Occurred: ____ / ____ / ____

Address Where Incident Occurred: _____

Signature

Date

Agency

Please return completed form to Dr. Jessica Thompson within 24 hours at the Main Office.

Revised 7/11

PROTOCOL FOR COMPLETING THE INCIDENT REPORT FORM

PURPOSE: To formalize procedures for reporting, investigating, and documenting incidents and taking corrective actions to prevent their reoccurrence.

DEFINITION: An incident is defined as any accident, abnormal operation, or event that causes or could have caused personnel injury resulting in hospital emergency room treatment, a doctor visit, lost time, or equipment/site damage.

Please follow these steps when an incident occurs:

1. Conduct a timely and thorough investigation to determine what happened, the extent of damage or injury, and the cause of the incident.
2. Complete the Incident Report form – please be specific.
 - a. Witness names/numbers are also very important and should be completed on the Incident Report form.
 - b. State to whom this incident was first reported to, i.e., police, fire department, supervisor/manager, etc.
 - c. Review the Incident Report form for completeness.
3. Email the Incident Report form within 24 hours to Dr. Jessica Thompson, Administrative Manager at jthompson@hrdfwv.org and to your immediate supervisor.

It is important that all accidents/issues/incidents are reported to Dr. Thompson's attention as quickly as possible; and/or, by the next regularly scheduled business day. An Incident Report form must be completed for all Worker's Compensation claims and the insurance carriers. If a police report or additional reports are necessary, they can be submitted with the original Incident Report form by email to Dr. Thompson.

After an incident has occurred, ensure that specific corrective actions are taken, if applicable. Please maintain a file of the incident and follow-up. In addition, please make Dr. Thompson and your immediate supervisor aware of any updates as they occur.

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