CITY OF CLARKSTON EMPLOYEE'S INCIDENT & INJURY REPORT

EMPLOYEE INFORMATION

Name		Department
Job Title	How Long in Current Job?	Supervisor's Name

INCIDENT INFORMATION

Incident Date	Incident Time	Incident Location	Time Workday Started

Describe What You Were Doing & How Incident Occurred (attach additional pages if needed)

Witness Names (attach contact information for non-employees)

INJURY INFORMATION ☐ ← IF NO INJURY, CHECK HERE

	Type of Injury (check all that apply)							
☐	Amputation	☐	Animal bite/sting	☐	Bruise	☐	Burn
☐	Chest pain	☐	Concussion	☐	Contagious disease exposure	☐	Crushing
☐	Cut/laceration	☐	Dislocation	☐	Electric shock	☐	Foreign body
☐	Fracture	☐	Hearing loss	☐	Heart attack	☐	Heat exhaustion/sun stroke
☐	Hernia/rupture	☐	Infection	☐	Puncture	☐	Rash/dermatitis
☐	Respiratory injury/inhalation	☐	Scratch/abrasion	☐	Sprain/strain	☐	Vision
☐	Other (explain)						

	Body Part(s) Injured (check all that apply)							
	Ankle (L or R)		Arm (L or R)		Back		Chest
	Ear (L or R)		Elbow (L or R)		Eye (L or R)		Face
☐	Finger		Foot (L or R)		Hand (L or R)		Head
	Hip (L or R)		Knee (L or R)		Leg (L or R)		Mouth
☐	Neck		Scalp		Shoulder (L or R)		Skull
☐	Stomach		Teeth		Toe		Wrist (L or R)
☐	Other (explain)						

PROPERTY DAMAGE/LOSS INFORMATION ☐ ← IF NO DAMAGE, CHECK HERE

Type of Property, Equipment or Material

Describe Damage

NATURE OF ACCIDENT INFORMATION							
	Motor vehicle accident		Caught in/on/between objects		Contact w/ extreme temp		Disease exposure
	Fall to different level		Fall on same level		Inhalation/absorption/ingestion		Slip (not a fall)
	Strain/overexertion		Struck against an object		Struck by flying object		Struck by moving object/person
	Other (explain)						

ROOT CAUSE INFORMATION (CHECK ALL THAT APPLY)					
Unsafe Acts		**Unsafe Conditions**		**Management Deficiencies**	
	Improper work technique		Poor workspace design or layout		Lack of written procedures or policies
	Safety rule violation		Congested work area		Safety rules not enforced
	Improper PPE or PPE not used		Hazardous substances		Hazards not identified
	Operating without authority		Fire or explosion hazard		PPE not available
	By-passing safety devices		Inadequate ventilation		Insufficient worker training
	Failure to lockout or tagout		Improper material storage		Insufficient supervisor training
	Failure to secure or warn		Proper tool or equipment not available		Improper maintenance
	Improper loading or placement		Insufficient knowledge of job		Inadequate job planning
	Improper lifting		Slippery conditions		Inadequate workplace inspection
	Servicing machinery in motion		Poor housekeeping		Inadequate equipment
	Horseplay		Excessive noise		Unrealistic scheduling
	Unnecessary haste		Inadequate guards of hazards		Other (explain)
	Intoxication/substance abuse/medication		Defective tools or equipment		
	Improper tool or equipment use		Insufficient lighting		
	Unsafe act of others		Inadequate fall protection		
	Other (explain)		Weather conditions		
			Other (explain)		

INCIDENT & INJURY REPORTING & TREATMENT INFORMATION			
Date You Reported Incident	Who You Reported It To	Did You Receive Medical Treatment?	Name & Address of Treating Physician or Facility

Employee Signature	Date Signed
Report Received By Whom	Date Report Received

<u>Notice to Employee</u> – Complete this form & give it to your supervisor as soon as possible after the incident.