



## Incident/Close Call Report

Date of Incident

Time of Incident

**Part 1. To be completed by employee**

1. Name (First, Middle Initial, Last):

2. Employment Status of the Employee (Circle Which Applies):

Permanent/Full-Time	Permanent/Part-Time	On-Call	Volunteer	Other	Contractor
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3. Work Location Mailing Address	City	State	Zip Code
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4. Location Where the Incident Occurred	Building	Room	Additional Description
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5. Identify the Employee's Reported Condition

6. Reported Body Part(s) Affected

Abdomen	Back	Ear	Foot
Ankle	Buttocks	Eye	Hand
Arm	Chest	Face	Head
Leg	Elbow	Finger	Other (specify):

7. What caused the Reported Condition

Carrying object	Repetitive Motion	Pushing/pulling
Caught in/between/under	Fall	Other (specify):
Struck by	Lifting object	
Grabbed	Motor vehicle	
Cut	Needle stick	

8. Further Clarification:

Exposure to:	Sun/heat	Chemicals	Pathogens
Exposure to:	Bodily fluids	Loud Noises	Contaminants

9. Provide a Detailed Description, Step by Step, of how the Incident Occurred (Attach Additional Pages if Needed):

10. Describe the Actions, Events or Conditions Which May Have Contributed to the Incident (Attach Additional Pages as Necessary):

11. What Could Have Been Done to Prevent this Incident?

12. Name of Eyewitness(es) to the Incident Phone Number

1.

2.

13. To Whom Did You First Report this Incident?

Name: Phone Number: Date:

14. Employee Name, or the Name of the Person Completing This Form

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**STOP. Give this to Your Supervisor.**

Note: Upon Receipt of this Report, the Supervisor/Manager Must Conduct an Immediate Review of the Incident, and Complete Part 2 Below.

**Part 2. Completed by Supervisor/Manager**

1. Review of Incident by Supervisor/Manager. Please Complete the Form in its Entirety.

What was the date that this was first reported to you? \_\_\_\_\_

Was the Employee engaged in their regular duties when the incident occurred? YES NO

2. Did You Conclude the Incident to Be the Result of an unsafe Physical Work Environment? YES NO

a. If Yes, please describe the specific safety/health hazard(s) that contributed and any actions you have taken to correct the safety or health hazards:

b. What caused the incident/near miss:

Inadequate unsafe work practice      Unsafe physical work environment      Improper use of PPE

3. Did You Conclude the Incident was the Result of an Unsafe Work Practice or Procedure YES NO

a. If Yes, please describe the unsafe work practice/procedure and any actions you have taken to correct the unsafe work practice:

b. What, if any, steps have been, or will be taken to avoid this incident from reoccurring?

4. Based on your review, does this incident require further investigation? YES NO

5. Supervisors/Manager's Name (Please Print) Telephone Number

6. Supervisor's/Manager's Signature Date

7. Department Head's Signature (If Required) Date

**STOP. Submit this Form to EH&S**

**Part 3. Completed by EH&S**

8. EHS Director/or Occupational Health & Safety Manager's Comments Date

9. EHS Director/or Occupational Health & Safety Manager's Signature:	Date
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General Instructions/Distribution

**For the purposes of this form, a "Close Call" incident is any even that could have resulted in an on-the-job employee injury or death, but fortunately did not. Reporting of "Close Call" events enables the Department to use the information to help prevent future incidents and the possibility of future injuries.**

**Part 1.** Should be completed by the employee in entirety and in detail within one (1) business day of the incident or their awareness of their injury/illness.

**NOTE:** If the employee is unavailable or unable to complete and submit this document within one (1) business day, a supervisor or other designated person should complete the form as thoroughly as possible. Sign in the signature block (Block 14) and add the statement, "Completed for unavailable employee".

**Part 2.** Supervisor/Manager completes all requested information, signs and dates document.

**Part 3.** EHS Director/Occupational Health & Safety Manager completes the requested information and signs.

**Distribution: Human Resources & EH&S**