

INCIDENT REPORT FORM

DISTRICT _____ Cabrillo College _____

PART I: TO BE COMPLETED BY THE EMPLOYEE

Name _____ DOB _____ Home address _____
Phone # _____ Sex F / M Job Title _____ S.S. # _____
Department _____ To whom did you report the incident? _____
Location of incident _____ What were you doing when injured? _____
Date you reported incident _____ How did the incident occur? _____
Object or substance that directly injured you _____
Body part injured (Be Specific) _____ Have you gone or are you planning to go to a doctor? Y / N
If yes, state name and address of doctor _____
Date of Incident _____ Hour of Incident _____ AM / PM Time you began work _____ AM / PM:
Were you unable to work at least one full day after the injury? Y / N If yes, date last worked _____ Have you returned to work? Y / N
If yes, date returned _____ Employee's Signature _____ Date _____

PART II: TO BE COMPLETED BY THE SUPERVISOR / PRINCIPAL

1. TYPE OF INCIDENT: (Check one) Injury Illness Near Miss
2. Incident Date _____ Where did the incident occur? (Be specific) _____
3. Did incident occur on school premises? Y / N Under School jurisdiction? Y / N Safety Rule(s) violated? Y / N
4. Was employee working within his/her job description? Y / N Date employee reported incident _____
5. Describe the incident (How, why and what happened. Include task being performed; step by step detail of incident; and tool or object involved) _____
6. What caused the incident? Root Cause _____
7. Name(s) of witness(es) & phone #'s _____
8. Describe immediate corrective action _____
9. Date immediate corrective action was completed _____ By whom _____
10. Describe long term corrective action _____
11. Estimated date long term corrective action will be completed _____ By whom _____
12. Additional comments _____
13. Supervisor's/Principal's signature _____ Date _____