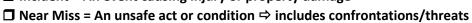
INCIDENT / NEAR MISS REPORT

THIS form is to be completed immediately following:

☐ Incident = An event causing injury or property damage





FULL NAME OF PERSON(S) INVOLVED			DATE OF INCIDENT		TIME OF INCIDENT		DATE REPORTED	
						AM 🗖 PM		
JOB TITLE/DEPARTMENT (<i>ONLY IF EMPLOYEE</i>)					SHIFT START	TIME	HIRE DATE	
						AM 🗖 PM		
18 OR OVER	ADDRESS	PHONE		NAME OF FAMILY	ILY MEMBER OR GUARDIAN (IF NECESSARY)			
□YES □NO			PHONE:					
PROGRAM/EV	'ENT							
LOCATION OF INCIDENT/NEAR MISS					PERSON INCIDENT WAS REPORTED TO			
EXTENT OF INJURY TRE						TREATING N	IEDICAL FACILITY	
☐ NO INJURY	□ NO INJURY □ FIRST AID ONLY □ TAKEN TO CLINIC □ TAKEN TO ER □ APPT MADE							
DESCRIPTION OF INCIDENT/NEAR MISS								
BODY PART INJURED (BE SPECIFIC)								
STAFF ACTION	IS (CONTINUE ON BACK IF NECESSARY)						
ANY WITNESSES?		NAME/PHONE		NAME/PHONE				
☐ YES ☐ NO			NIANAE (DITO	NIF		NAME/PHONE		
WERE THERE OTHERS INJURED?			NAME/PHONE			NAME/PHONE		
☐ YES ☐ NO								
WAS THERE P	HISICAL DAINIAGE!							
CAUSE OF INCIDENT/NEAR MISS								
REPORT COM	PLETED BY		SIGNATURE				DATE	
If the injured person is an employee, his/her supervisor must be contacted and a report must be filed with WSI no later than the								
next business day. Please check which report is to be completed:								
☐ WSI Incident Report (if not seeking medical attention), or ☐ First Report of Injury (if seeking medical attention)								

Please forward to supervisor/manager to complete the following

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ROOT CAUSE ANALYSIS - CONTRIBUTING INCIDENT FACTORS									
PHYSICAL	BEHAVIORAL	PROCEDURAL							
☐ POOR HOUSEKEEPING	☐ NOT USING REQUIRED PPE	☐ ASKED TO PERFORM JOB WITHOUT TRAINING							
☐ POOR OR NO EQUIPMENT GUARDING	☐ PERFORMING DUTIES OUTSIDE SCOPE OF JOB	☐ OPERATING EQUIPMENT WITHOUT TRAINING							
☐ IMPROPER ILLUMINATION	☐ FAILURE TO OBEY SUPERVISOR'S	☐ POOR ENFORCEMENT OF PPE USE							
☐ IMPROPER VENTILATION	INSTRUCTIONS	☐ NEEDED EQUIPMENT NOT SUPPLIED							
☐ EQUIPMENT FAILURE	☐ FAILURE TO OBEY JOB PROCEDURES	☐ FAILURE TO INSPECT EQUIPMENT							
☐ UNSAFE APPAREL	☐ SUSPECTED INTOXICATION	☐ FAILURE TO CORRECT POOR PROCEDURES							
☐ MEDICAL CONDITION (STROKE, CARDIAC	☐ PERSON WAS ENGAGED IN HORSEPLAY	☐ WRONG EQUIPMENT FOR THE OPERATION							
ARREST)	☐ PERSON WAS UNSUITED FOR THE JOB	☐ WRONG CHEMICAL OR OTHER USED							
\square SURROUNDING SUBCONTRACTOR AT FAULT	☐ OTHER	☐ NO PRE-SITE INSPECTION							
☐ CONDITIONS (WET, ICY)	☐ OTHER	☐ OTHER							
☐ OTHER	☐ OTHER	☐ OTHER							
☐ OTHER	☐ OTHER	☐ OTHER							
FOLLOW-UP (CONTACT THE INJURED PERSON O	R FAMILY ON INJURED PERSON'S CONDITION)		DATE						
STATUS OF INJURED PERSON	PERSON WHO MADE CO	NTACT							
CORRECTIVE ACTION		DATE COMPLETED							
SUPERVISOR SIGNATURE	DATE								
SAFETY MANAGER SIGNATURE			DATE						