

APPENDIX 4
INCIDENT REPORTING FORM

INCIDENT REPORTING FORM

Instructions: Use this form to report all work related injuries, illnesses, or "near miss" events (those which could have caused an injury or illness due to hazards in the environment or unsafe practices). Please prepare in duplicate and submit original to: ENVIRONMENTAL HEALTH AND SAFETY OFFICE
 2040 East-West Road
 Honolulu, Hawaii 96822-2320

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss	
Your Name:	
Job Title:	
Supervisor:	
Was supervisor informed of your injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date and Time of Event: _____	
Name of Witnesses (if any): _____	
Where, exactly, did it happen? _____	
What were you doing at the time? _____	
Describe step by step what led up to the injury/near miss. (Continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of the body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person: _____

Date of Birth: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip _____

(Circle One) Male Female

What part of the body was injured? (Describe in detail)

Describe in full detail how the accident happened? What was employee doing prior to the event? What equipment, tools, being used?

Name(s) of all witnesses:

Date/Time of Event: _____

Exact Location of Event: _____

What caused the event?

Were safety measure/procedures in place and used? If not, what was wrong?

Employee went to doctor/hospital? Doctor's Name: _____

Hospital's Name: _____

Recommended preventive action to take in the future to prevent recurrence:

Supervisor's Signature

Date

INCIDENT INVESTIGATION REPORT

Instructions: For EHSO use only.

Incident Report Reviewed: Date _____ Time _____

Person Reviewing Report Form: _____
(Please Print Name)

Investigation Conducted: Yes No

If yes: Date: _____ Time: _____

Person(s) Interviewed: _____

Observations: (i.e. engineering controls, PPE, training, etc.)

Recommendations:

Person Conducting Investigation:

(Print Name)

(Signature)

Date