DELAWARE COUNTY INCIDENT REPORT

INSTRUCTIONS:

1. The **employee** and **supervisor** must complete this form and send to Human Resources within 24 hours of the incident.
2. The employee or supervisor must immediately email a summary of details to: **incidentreport@co.delaware.oh.us.**
3. If you have any questions call the Safety Coordinator at (740) 833-2127 or Human Resources at (740) 833-2120.

PART A: EMPLOYEE COMPLETES and FORWARDS TO SUPERVISOR

EMPLOYEE INFORMATION:

Name_____ Title _____

Department _____ Work Phone #_____

Incident Date_____ Incident Time_____ AM/PM Shift Normally Worked _____
(Example: 7 am to 3:30 pm)

Incident Location _____

Employee Phone # _____ Employee personal email _____

Signature _____ Date signed _____

TYPE OF INCIDENT: (check all that apply) ☐ **INJURY** ☐ **PROPERTY DAMAGE** ☐ **NEAR MISS** ☐ **OTHER**

INCIDENT DESCRIPTION:

How did the incident occur? Describe any injury. Describe any property damage. Describe the work activity and any tools, equipment or materials you were using. (Example: I was opening a box of paper using a utility knife. The knife slipped on the surface of the box and cut my right index finger.) Use another sheet if necessary.

_____

_____

_____

_____

_____

_____

Was the activity part of your normal job duty? ☐ **Yes** ☐ **No** Were you working your regular shift? ☐ **Yes** ☐ **No**

INJURY INFORMATION:

Please indicate what body part and type of injury occurred? List body part(s) injured: _____

_____

Check all types of injury that apply:

□ Abrasion/Scratch □ Bite/Sting □ Burn □ Contusion/Bruise □ Cut/Puncture □ Dislocation □ Fracture □ Sprain/Strain

Other type of injury:_____

TREATMENT INFORMATION:

Did you receive first aid at the scene? ☐ **Yes** ☐ **No** Did others receive first aid at the scene? ☐ **Yes** ☐ **No**

Did you receive medical treatment away from the scene? ☐ **Yes** ☐ **No** Where? _____

Did others receive treatment away from the scene? ☐ **Yes** ☐ **No** Where? _____

Did you, miss any time from your normal work duties, not including the day that the injury occurred? ☐ **Yes** ☐ **No**

Is this an aggravation of a previous injury/symptom? ☐ **Yes** ☐ **No** If yes, when were you last treated? _____

Please describe the previous injury/symptoms: _____

PART A CONTINUED EMPLOYEE COMPLETES

PROPERTY DAMAGE:

Was a law enforcement report taken? ☐ **Yes** ☐ **No**

By whom? ☐ Sheriff ☐ Delaware City ☐ State Hwy Patrol Other_____

Report # _____ (For property damage please send a copy of the law enforcement report as soon as possible)

VEHICLE INFORMATION: Was a: ☐ **COUNTY** or ☐ **PERSONAL** vehicle involved?

Vehicle Make _____Vehicle Model _____ Vehicle Year _____ License Number _____

Other Vehicle (if applicable): _____

Driver's name:_____ Phone number: _____

Vehicle owner's name: _____ Phone number: _____

License plate number: _____ Insurance company and policy number: _____

PART B WITNESS COMPLETES

WITNESS STATEMENT ABOUT INCIDENT: (If more than one witness, use another sheet of paper)

Witness Name _____ Signature _____ Ph # _____

Date _____ Witness Statement (use another sheet if needed)_____

_____

_____

_____

PART C SUPERVISOR COMPLETES AND FORWARDS TO HUMAN RESOURCES

SUPERVISOR STATEMENT:

Name _____ Signature _____ Title_____

Date _____ Time _____ A.M. / P.M. Work phone #: _____

How did the incident occur? What were the actions, events and/or conditions that contributed to the incident?
(use another sheet if needed)_____

_____

_____

_____

_____

What are your recommendations or what actions have been taken to avoid a reoccurrence?

_____

_____

_____

Did this employee receive a drug test for this incident? ☐ Yes ☐ No

Will the employee miss work beyond the shift that he/she was injured ☐ Yes ☐ No

Expected return to work date/full date? _____

Is employee expected to return to work on light (transitional) duty? ☐ Yes ☐ No Estimated Date: _____

Work related injuries may be subject to the Family and Medical Leave Act (FMLA).

Please refer to the FMLA policy: http://www.co.delaware.oh.us/hrdocuments/policies/FMLA.pdf