



INCIDENT/NEAR MISS REPORT & INVESTIGATION

An **INCIDENT** is an event that caused injury to a person or damage to equipment, facilities or materials.

A **NEAR MISS** is an event that potentially could have caused injury to a person or damage to equipment, facilities or materials.

Please circle/underline one: **CITIZEN EMPLOYEE PARTICIPANT VOLUNTEER CONTRACTOR**

Name of Injured/Title & D.O.B.	Date/Time & Weather Conditions (if app.) when Incident Occurred
Department/Division	Date/Time Incident Was Initially Reported
Nature of Injury (sprain/cut/bruise) & Affected Body Part	Location Where Incident Occurred
Supervisor of Injured Employee & Title	
Name(s) of Witness(s)	Address & Telephone # of Witness; if not employed by the City
Supervisor at Time of Injury (if different from above)	
Did Person Receive Medical Attention? <input type="checkbox"/> YES <input type="checkbox"/> NO	First Aid Administered? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Incident (What Happened?)	
Cause of Incident identify factor believed contributed to/caused incident:	
Type of equipment, machinery, materials and/or chemicals person was using:	
Corrective Action (Include persons w/ assigned responsibilities and completion date for each):	
Investigation Completed By:	

Have you addressed the "Five W's" and "H" required for an accident investigation? (Who, What, When, Where, Why, and How)

INITIAL or FINAL REPORT

Person Completing Form Date Supervisor Date Director Date

