



Facility Operations Accident, Incident and Near Miss Form

Employee Section:

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness)- *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

Name of Injured Person _____

Date of Event _____

Exact Location of Event _____

Were you injured? _____ If Yes, Was this reported to OEHS? _____

What Part of the Body and what was the nature of the injury? *Describe in detail

Describe fully how the accident happened, what was the employee doing prior to the event? What equipment or tools were being used? *Building, Floor, Room- Be specific

Name of all witnesses:

Were safety regulations in place and used? If not, what was wrong? _____

How can future accident, Incident or Near Miss be prevented? _____

Recommended training to prevent reoccurrence? _____

Supervisor *please print: _____

District: _____ Core: _____

Supervisor section:

Supervisor signature: _____

Phone Number: _____ Date: _____

*If Injury occurred advise employee to complete the WCF E-1 form

Other details: _____

