



CITY OF ASTORIA
Founded 1811 • Incorporated 1856

EMPLOYEE ACCIDENT/INCIDENT REPORT

GENERAL INFORMATION:

Employees should use this form to report all work related accidents/injuries/illnesses **within 24 hours** of incident whether or not you plan to seek medical attention. This helps identify and correct hazards to prevent future injuries.

SECTION I: EMPLOYEE

***INSTRUCTIONS:** Employees should complete Section I of this form and submit to their immediate supervisor or Department Head within 24 hours following an accident/incident.*

NAME:

DEPARTMENT:

JOB TITLE:

TYPE OF INCIDENT: ACCIDENT INJURY ILLNESS

WHAT DATE WAS THE INCIDENT REPORTED?:

TO WHOM:

DATE & TIME OF INCIDENT:

INCIDENT LOCATION:

NAME & PHONE NUMBER OF WITNESSES:

DESCRIBE ANY INJURY/ILLNESS YOU SUSTAINED. WHAT PART OF THE BODY? WHICH SIDE?

(For example: right foot pain. If no injury/illness, write "none known")

WHAT WERE YOU DOING JUST BEFORE THE INCIDENT OCCURRED?:

(Example: Climbing an extension ladder carrying a 40-pound box of roofing materials)

DESCRIBE IN DETAIL WHAT HAPPENED *(Include sequence of events, any relevant equipment, materials, substances being used and environmental conditions):*

WAS THE INCIDENT CAUSED BY ANOTHER PERSON, DEFECTIVE EQUIPMENT OR DURING TRAINING?:

If yes, name of person, type of equipment or instructor name:

WHAT DO YOU THINK CAN BE DONE TO PREVENT THIS INCIDENT FROM REOCCURRING?:

IF YOU SUSTAINED AN INJURY, HAVE YOU INJURED THIS PART OF YOUR BODY PREVIOUSLY OR IS THERE ANY PRE-EXISTING CONDITION THAT COULD AFFECT THE INJURY?:

IF YES, PLEASE EXPLAIN:

ACKNOWLEDGEMENT:

I UNDERSTAND IF I NEED TO SEEK MEDICAL ATTENTION AT THIS TIME OR IN THE FUTURE OR AM UNABLE RETURN TO WORK, I WILL COMPLETE THE WORKERS' COMPENSATION 801 FORM AND SUBMIT TO A SUPERVISOR OR HR WITHIN 24 HOURS.

EMPLOYEE SIGNATURE:

DATE:

SECTION II: SUPERVISOR/DEPARTMENT HEAD

***INSTRUCTIONS:** Supervisors/Department Heads should conduct a review of the incident by speaking with the employee, witnesses, and inspecting the site and/or equipment involved with an accident/incident followed by completing Section II of this form and submitting to HR.*

BASED ON SPEAKING WITH THE EMPLOYEE AND WITNESSES, PLEASE SUMMARIZE WHAT YOU KNOW OF THE INCIDENT:

WHAT WAS THE ROOT CAUSE OF THIS INCIDENT? (Lack of training, supervision, rule enforcement, damaged equipment, maintenance, etc):

DID THE EMPLOYEE REPORT THE INCIDENT WITHIN 24 HOURS?:

WHAT COULD HAVE BEEN DONE OR SHOULD BE DONE TO PREVENT THIS INCIDENT?:

SUPERVISOR/DEPARTMENT HEAD:

DATE: