

DEPARTMENT INCIDENT LOG

This incident log is to be used to document any and all work-related accidents or incidents that result in either an injury, vehicle accident, or third party property damage. If the incident results in an employee having to seek first aid treatment or medical treatment from an off-site medical facility, the employee's manager or supervisor shall notify Personnel. After notification, the manager or supervisor shall complete and submit a FIRST REPORT OF INJURY. A copy of this log shall be sent to the Safety Coordinator monthly.

Department: _____ Group/Shift: _____ Month: _____ 20__

Date: ___/___/___ Time: _____ a.m./p.m. Incident Type <input type="checkbox"/> Injury <input type="checkbox"/> Vehicle <input type="checkbox"/> General Liability	Employee's Name: _____ Job Title: _____	Was first-aid provided to employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Did employee require additional treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional treatment from: <input type="checkbox"/> OHG <input type="checkbox"/> ER Did incident involve lost time? <input type="checkbox"/> Days Away <input type="checkbox"/> Restricted <input type="checkbox"/> Both
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Provide a brief description of the incident:

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Provide a brief description of the incident:

Manager/Supervisor Review: _____ <i>Print Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>	Page _____ of _____
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