



CLALLAM COUNTY INCIDENT REPORT

REPORT INCIDENTS IMMEDIATELY TO YOUR SUPERVISOR
Return completed report to Human Resources

<input type="checkbox"/> Employee		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Equipment		<input type="checkbox"/> Other	
Name:				Dept:			
Home Address:				City, State Zip:			
Job Title:			Supervisor:				
Time Work Began:		Incident Date:			Incident Time:		
Incident Location:			Were Police Called? <input type="checkbox"/> No <input type="checkbox"/> Yes				
			Officer Name:				
			Case Number:				
Medical Treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Emergency Room		<input type="checkbox"/> Hospitalized Overnight			
Health Care Provider Name/Address:							
Witness 1 Name & Phone:							
Witness 2 Name & Phone:							
Witness 3 Name & Phone:							
What happened: (Describe how incident occurred in detail; include who, what, where, when, why, how. Ex. When ladder slipped on wet floor, I fell 20 feet and hurt my back; John spilled a corrosive chemical on his right hand and burned it severely):							
What was the injury/illness and part of body affected?							
Was property damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, list type and amount of damage: personal property; vehicle including year, make & model; Equipment Type, etc.) Any vehicle involved in a collision in this state in which any person is injured, including one's self, or in which any person's property sustains damages in the amount of \$700.00 or more is required to complete the <i>State of Washington Vehicle Collision Report</i> . A copy must be given to Human Resources.							
Employee/Volunteer Signature: _____						Date: _____	
SUPERVISOR'S SECTION BELOW:							
Supervisor Name: _____				Supervisor Title: _____			
Do you agree with the incident description above? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Explain</i>)							
How do you feel this incident could have been prevented?							
What type of corrective action do you have planned?							
Supervisor's Signature: _____						Date: _____	