

Grant County Employee Safety Incident Report Form

*Employee: This entire form needs to be completed by you and/or your supervisor. This form must be submitted to **Human Resources** within 24 hours of the incident.*

This form is to be completed any time a County employee has:

- *Sustained an injury while on the job,*
- *Had a work related exposure incident,*
- *Been witness to a near miss incident, or*
- *Sustained a work related illness.*

This form is important as it ensures the County's compliance and accuracy in:

- *OSHA reporting,*
- *L&I claims, and*
- *Safety Committee review.*

PLEASE NOTE:

If the incident caused (or has the potential to cause) injury or damage to another employee, member of the public, vehicle, property, or equipment, you must complete the **Grant County Risk Management General Liability Loss Notice Form** immediately. The Grant County Risk Management General Liability Loss Notice Form is what activates the County's insurance and risk management reporting requirements. The form is also available on the County's intranet under "MISC Forms and Documents", *Incident/Accident Report Forms*. Thank you.

Grant County Employee Safety Incident Report Form

*Employee: This entire form needs to be completed by you and/or your supervisor. This form must be submitted to **Human Resources** within 24 hours of the incident.*

COMPLETED BY EMPLOYEE/SUPERVISOR	DATE OF INCIDENT		TIME OF INCIDENT : <input type="checkbox"/> AM / <input type="checkbox"/> PM		RECEIVED IN HR ON:	HR ASSIGNED NUMBER:						
	Reason for Report:		<input type="checkbox"/> Injury		<input type="checkbox"/> Illness		<input type="checkbox"/> Accident		<input type="checkbox"/> Near Miss		<input type="checkbox"/> Fatality	
			<input type="checkbox"/> Exposure to>>>		<input type="checkbox"/> Biohazard (blood/ body fluids)		<input type="checkbox"/> Chemical		<input type="checkbox"/> Other			
	Name: (Last, First, M.I.)						Date of Birth:					
	Department:						Title:					
	Home Address						City, State, ZIP					
	Phone:						Date Hired					
	Time Employee Began Work						: <input type="checkbox"/> AM / <input type="checkbox"/> PM					
	Location of Incident: <i>please be specific</i>											
	Describe what happened that caused the incident; provide the who, what, when, where, and how:											
	If an injury, illness, or exposure occurred, what part of the body was affected?											
	Did you go to the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Treatment provided by (name of doctor and clinic):									
	Name any witnesses to the incident:											
	Was the incident/injury caused by someone who is not a county employee? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	How could this incident have been prevented?											
Incident reported to:						Date and time reported:						
Did the incident cause (or have the potential to cause) injury or damage to another employee, member of the public, vehicle, property, or equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes						If yes, you must IMMEDIATELY complete the <u>Grant County Risk Management General Liability Loss Notice Form</u> . The Grant County Risk Management General Liability Loss Notice Form is what activates the County's insurance and risk management reporting requirements. The form is also available on the County's intranet under "MISC Forms and Documents", <i>Incident/Accident Report Forms</i> .						
Employee Signature: _____						Date: _____						
This form can be submitted electronically by emailing it to hrsupport@grantcountywa.gov . The email tracking will replace the need for a hand written signature above.												