City of Somerset

INCIDENT REPORT

NOTE: Prior to filling out report, make sure Adobe Reader version XI or later is installed, open "OUTLOOK", click on "Send/Receive" tab at top, then click on "Send/Receive All Folders" at top left.

TO BE FILLED OUT COMPLETELY BY EMPLOYEE AND/OR SUPERVISOR & SUBMITTED WITHIN 48 HOURS.

DEPARTMENT: _____ NAME OF ☐ EMPLOYEE *AND/OR* ☐ OTHER PARTY INVOLVED:

_____

JOB TITLE: _____ DATE NOTIFIED EMPLOYER (mm/dd/yy): _____

CLOCK NO. or LAST 4 OF SSN: _____ EMPLOYMENT STATUS: ◯ FULL ◯ PART ◯ SEASONAL ◯ TEMPORARY

DATE OF INCIDENT (mm/dd/yy): _____ TIME OF INCIDENT (24 hour format: hhmm): _____

INCIDENT INVOLVED: ☐ Vehicle ☐ Work Comp ☐ Gen. Liability ☐ Property ☐ Other _____

INCIDENT LOCATION: _____

TYPE OF DAMAGE AND/OR BODY PART AFFECTED (SUCH AS DENTED FENDER, SPRAINED ANKLE, CUT FINGER, BECAME DIZZY, ETC.) :

_____

DESCRIBE HOW INCIDENT OCCURRED (WHAT HAPPENED, ETC.):

_____

◯ REPORTING ONLY, *OR* ◯ ACTION(S) TAKEN (LIST WHERE TREATMENT RECEIVED AND/OR TYPE OF ACTION TAKEN):

_____

WITNESS(ES) NAME & PHONE NUMBER: (1) _____

(2) _____ (3) _____

PHOTOS AVAILABLE? ◯ YES ◯ NO

ACTIVITY & ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE USING WHEN INCIDENT OCCURRED:

_____

EXPLAIN IF: ◯ UNSAFE ACT, *OR* ◯ UNSAFE CONDITION: _____

FOR WORK COMP CLAIM: DID EMPLOYEE RETURN TO WORK? ◯ YES ◯ NO

EMPLOYEE DATE OF BIRTH (mm/dd/yy): _____ EMPLOYEE PHONE NO. _____

EMPLOYEE MAILING ADDRESS: _____

DATE & TIME EMPLOYEE STARTED WORK ON DATE OF INCIDENT (mm/dd & hh:mm): _____

LAST DATE EMPLOYEE WORKED (mm/dd/yy): _____ DATE DISABILITY BEGAN (mm/dd/yy): _____

FOR VEHICLE CLAIM:

POLICE REPORT FILED? ◯ YES ◯ NO SEAT BELT IN USE? ◯ YES ◯ NO

CITY VEHICLE: YEAR _____ MAKE/MODEL _____ VIN (last 4): _____

CELL PHONE IN USE AT TIME OF INCIDENT? ◯ YES ◯ NO IF YES, ◯ WORK, *OR* ◯ PERSONAL

_____ _____

DATE (mm/dd/yy) *NAME OF PERSON FILING REPORT*

IMPORTANT: ***MAKE SURE "OUTLOOK" IS STILL OPEN.***

******REVIEW YOUR FORM, THEN CLICK ON THE LARGE RED BUTTON AT RIGHT TO EMAIL TO H.R. MANAGER & SAFETY COORDINATOR. ******

PRINT A COPY FOR YOUR FILES IF NEEDED.

SEND