



First Report & Incident Investigation

Incident Type	<input type="checkbox"/> Injury <input type="checkbox"/> Environmental <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Other			ESH Use Only
Incident Location	Location:		Work Area:	
Incident Timing	Date:	Time:	Affiliation/ Department:	
Shift Schedule	<input type="checkbox"/> 4/10 <input type="checkbox"/> 7/12 <input type="checkbox"/> 5/8 <input type="checkbox"/> Other: _____		Day of shift schedule: ie: Day <u>1</u> of 4 Day <u>6</u> of 7	
Task being Performed				Date received by ESH Category: 1 - Significant 2 - Moderate 3 - Minor 4 - Minimal Further Investigation Needed? <input type="checkbox"/> Yes
Incident Description	Describe, step-by-step, the events leading up to the injury or property damage. Include names of any machines, parts, objects, tools, chemicals, materials, and/or other important details: <input type="checkbox"/> Photos available?			
If injury, describe injured body part				
If injury, name of person injured				
Medical Treatment				
Witness(s) / Discover of event				
Incident Investigation Details (added by supervisor)				
What were the events that contributed to the incident?				
What were the possible causes of the Incident?				
Lessons Learned				
Corrective Actions				
Person Completing Form: <small>Print and Sign</small>		Date & Time:	Supervisor: <small>Signature Required</small>	Date & Time:

Instructions: Report all injuries / incidents to your supervisor, work lead, or ESH as soon as possible.
 Excepting emergencies and non-emergencies that may require an immediate trip to the emergency room, the injury/incident must be submitted before leaving the SURF facility. Failure to report an injury within 3 days may jeopardize the employee's ability to receive workers' compensation benefits.