



First Report & Incident Investigation

Incident Type	<input type="checkbox"/> Injury <input type="checkbox"/> Environmental <input type="checkbox"/> Property Damage <input type="checkbox"/> Other			EHS 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 12	
Task being Performed				Date received by EHS Category: 1 - Significant 2 - Moderate 3 - Minor 4 - Minimal Further Investigation Needed? <input type="checkbox"/> Yes Number
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				
Witness(s) / Discover of event				
Supervisor's Incident Investigation				
What were the events that contributed to the incident?				
What were the possible causes of the Incident?				
Lessons Learned				
Corrective Actions				
Person Completing Form:	Date & Time:	Supervisor:		Date & Time:

Instructions: Report all injuries / incidents to your supervisor, work lead, or EHS 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.