

**Bainbridge Island Metropolitan Park & Recreation District  
7666 NE High School Road  
Bainbridge Island, WA 98110**

**Employee Injury/Incident Report**

**Instructions:** Use this form to report work related employee injuries, illnesses, or near miss incidents. "Near miss" is defined as events that could have resulted in injury or illness. Complete this form as soon as possible after incident and give to immediate supervisor who gives to Department Manager. Supplemental pages may be attached (i.e. incident reports specific to department).

**General Information**

Today's date \_\_\_\_\_

Name of Employee Completing Form \_\_\_\_\_

Job Title \_\_\_\_\_ Department/Program \_\_\_\_\_ Supervisor \_\_\_\_\_

Name of Employee Injured \_\_\_\_\_

Job Title \_\_\_\_\_ Department/Program \_\_\_\_\_ Supervisor \_\_\_\_\_

Type incident:      \_\_\_ Injury                      \_\_\_ Illness                      \_\_\_ Near Miss

Property Damage:      \_\_\_ no      \_\_\_ yes      If yes, what was damaged? \_\_\_\_\_

Was a vehicle involved? \_\_\_ no      \_\_\_ yes      If yes, fill out vehicle information on page 2.

Was equipment involved? \_\_\_ no      \_\_\_ yes      If yes, what equipment? \_\_\_\_\_

Was incident caused by someone who is not an employee? \_\_\_ no      \_\_\_ yes

Was an employee exposed to human blood or other body fluids (vomit/saliva etc.) \_\_\_ no      \_\_\_ yes

If yes, complete the form titled: Bloodborne Pathogen Exposure/Sharps Injury Incident Report

**Incident Information:** (attach additional pages if needed)

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ am or pm

Location/address of incident \_\_\_\_\_

What was employee doing just before the incident occurred?

Describe step by step what happened: (attach additional pages if needed)

What steps were taken immediately following the incident?

**If Employee Injury:**

Type of injury \_\_\_\_\_ Part of body injured \_\_\_\_\_  
Did injured employee go to clinic or hospital? \_\_\_no \_\_\_ yes - How transported? \_\_\_\_\_  
Name of medical facility \_\_\_\_\_  
Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_

**If Outside Party Injury:**

Type of injury \_\_\_\_\_ Part of body injured \_\_\_\_\_  
Did injured outside party go to clinic or hospital? \_\_\_no \_\_\_ yes - How transported? \_\_\_\_\_  
Name of medical facility \_\_\_\_\_  
Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_

If a near miss, what type of injuries could there have been? \_\_\_\_\_  
What could have been done to prevent the incident? \_\_\_\_\_  
Other comments about incident \_\_\_\_\_

**Witnesses**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Vehicle Information**

District Vehicle

License Plate # \_\_\_\_\_  
Type Auto: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Driver's license #: \_\_\_\_\_  
Passengers: Name/Address:  
1) \_\_\_\_\_  
2) \_\_\_\_\_

Vehicle of Outside Party

License Plate # \_\_\_\_\_  
Type Auto: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Driver's license #: \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Driver's license #: \_\_\_\_\_  
Passengers: Name/Address:  
1) \_\_\_\_\_  
2) \_\_\_\_\_

Reviewed by Dept. Manager: Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Division Head: Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: After looking into this incident, I have determined it \_\_\_was \_\_\_ was not \_\_\_may have been caused by faulty equipment.