

Bainbridge Island Metropolitan Park & Recreation District
11700 Meadowmeer Cir NE
Bainbridge Island, WA 98110

Employee 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 who gives to Division Head.

General Information

Today's date _____

Name of person completing form _____

Job Title _____ Dept _____ Supervisor _____

Name of employee injured or involved in incident _____

Job Title _____ Dept _____ Supervisor _____

Type incident: ___ Injury ___ Illness ___ Near Miss ___ Other

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

If yes, name of non-employee _____ Phone _____

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

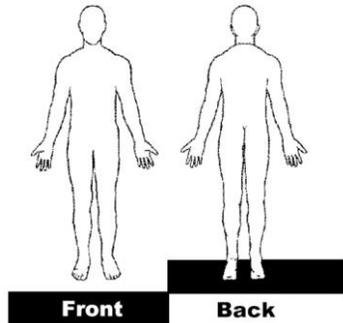
Location/address of incident _____

What was employee doing just before the incident occurred?

Describe step by step what happened:

What steps were taken immediately following the incident?

Indicate Below Location of Employee Injuries:



Describe location, type and extent of each injury:

Did injured employee refuse medical care/ambulance transportation when offered? no yes

Was injured employee removed from scene? no yes

If yes, where was injured employee transported? medical facility home other

If medical facility, name of facility: _____ If other, where? _____

How transported? ambulance by parent/guardian by Park District employee

Name of person released to: _____

Did incident involve: hospitalization fatality

If a near miss, what type of injuries could there have been? _____

What could have been done to prevent the incident? _____

Witnesses

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Vehicle Incidents

	Park District Vehicle:	Outside Party Vehicle:
License Plate Number:	VIN:	
Type Auto:	Yr: Make/Model	Yr: Make/Model
Driver Name:		
Driver Phone:		
Driver Address:		
Driver License Number:		
Passenger Name/Pho:		
Passenger Name/Pho:		

Additional Comments

Reviewed by Dept. Manager: Signature _____ Date _____

Reviewed by Division Head: Signature _____ Date _____

After looking into this incident, I have determined it was was not may have been caused by faulty equipment.