Incident Review Report

Prior to completing this form, the supervisor should review applicable safety procedures, policies and job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.

EMPLOYEE INCIDENT INFORMATION	
Employee Name:	Date of incident:
Location of incident:	Time of incident:

DESCRIPTION OF INCIDENT
What was the employee doing when they were injured? Please be specific.
What caused the injury?

PROCEDURE/PROCESS REVIEW	
Is there a procedure for this task? ☐ YES ☐ NO	If the employee was not following procedure, why not?
Was employee following procedure? ☐ YES ☐ NO	
Were proper tools or equipment being used? ☐ YES ☐ NO	If the answer is no, why not?
Were tools or equipment in good condition? ☐ YES ☐ NO	If the answer is no, why not?
Was the correct personal protective equipment used? ☐ YES ☐ NO	If the answer is no, why not? If the answer is yes, what type of PPE was used?
Were there housekeeping or environmental problems: i.e. Burnt out light bulbs in stairwell or hoses left on floor? ☐ YES ☐ NO	If the answer is yes, what?

INCIDENT REVIEW	
Was the employee distracted? ☐ YES ☐ NO	
Were immediate corrective steps taken to address causes? ☐ YES ☐ NO	If the answer is yes, what? -OR- If the answer is no, why not?
Recommendations for long-term corrections (Employee/Supervisor/Safety Committee)?	

REVIEWED SIGNATURES	
Employee:	Date:
Immediate Supervisor:	Date:
Department Head:	Date:
Safety Committee:	Date: