Incident Report- Supervisor- Health

*Marine Operations*

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| *TITLE: Short one line description of incident: (small cut on hand, toothache)* | |
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| *Your Name- PRINT* | *Incident date* ***(01-January-2020)*** *and time* |
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| *Your position/ job title* | *Name(s) of employee(s) involved* |
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| *1. What type of incident was this?* | |
| *\_\_\_\_\_\_\_ Illness \_\_\_\_\_\_\_ Chemical exposure*  *\_\_\_\_\_\_\_ Injury \_\_\_\_\_\_\_ Near Miss* | |
| *2. Was employee working full or part time when incident occurred?* | |
| *\_\_\_\_\_\_\_ Full time \_\_\_\_\_\_\_ Part time* | |
| *3. How long has employee been working this position?* | |
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| *4. Were TDI procedures followed and correct PPE worn?* | |
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| *5. Describe what happened leading up to the incident.* | |
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| *6. What part of the body was injured or ill? Describe in detail.* | |
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| *7. Where was the employee at the time of the incident?* | |
| *\_\_\_\_\_\_\_ On Shift \_\_\_\_\_\_\_ Travelling to or from work site*  *\_\_\_\_\_\_\_ Off Shift \_\_\_\_\_\_\_ Travelling on company business* | |
| *8. What equipment, chemicals or tools were being used by the employee?* | |
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| *9. Describe any first aid or medical treatment the employee received.* | |
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| *10. Was ISOS called for a consult? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No* | |
| *If yes, write the ISOS case number here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *11. Was employee taken to a medical professional for treatment?* | |
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| *12. Was employee taken to an Emergency room or Urgent care facility?* | |
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| *13. Was employee hospitalized as overnight in- patient?* | |
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| *14. If any off vessel treatment, list the name and address of treating practitioner*  *and hospital/ facility.* | |
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| *15. List contact phone number, email or fax of medical professional/ facility,*  *if applicable.* | |
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| *16.* *Was employee completely unable to work as a result of injury? (does not include*  *modified duty)* | |
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| *17. If unable to work, what was the first full day unable to work? (does not include*  *date of injury)* | |
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| *18. If unable to work, what is the first day employee may return to work? (Attach*  *medical professional’s release to work to Helm record.)* | |
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| *19. Attach scans of any receipts, prescriptions, invoices, care instructions or discharge*  *papers provided by medical personnel to the Helm record.* | |
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| *20. If an injury, get pictures the day of occurrence or as soon after as possible. Attach*  *those picture to the Helm record before finishing. After you finish the record, you*  *can make no further changes.* | |

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| Supervisor’s Signature | Today’s date **(01 January-2020)** |