Incident Report- Employee- Health

*Marine Operations*

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| *TITLE: Short one line description of incident: (small cut on hand, flu symptoms)* |
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| *Employee’s Name- PRINT* | *Employee’s Position/ Job title* |
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| *Name of Employee’s Supervisor* |  *Date & approximate time you began to feel ill* ***(01-January-2020) 15:35*** |
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|  *1. What was your duty status at the time the incident occurred?* |
|  *\_\_\_\_\_\_\_ On Duty \_\_\_\_\_\_\_ Off Duty \_\_\_\_\_\_\_ In transit to or from work site* |
|  *2. Type of Incident* |
|  *\_\_\_\_\_\_\_ Injury \_\_\_\_\_\_\_ Chemical exposure* *\_\_\_\_\_\_\_ Illness \_\_\_\_\_\_\_ Near Miss* |
|  *3. Name of witnesses, if any:* |
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|  *4. Where did it happen?* |
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|  *5. What were you doing at the time?* |
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|  *6. Describe step by step what happened leading up to the incident.* |
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|  *7. What part of the body was injured or ill? If near miss, how might employee have*  *been injured?* |
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|  *8. What PPE were you wearing at the time?* |
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|  *9. What could have been done to prevent the incident?* |
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| *10. Any additional comments or observations?* |
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| *11. List the phone number and email where you can be reached for any further*  *questions.* |
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| *12. What is the best mailing address for you?* |
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| Employee’s Signature |  |