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 |  |