

# INCIDENT REPORTS

## When to Report

Incidents that must be reported and documented include:

1. Exposure Incidents: skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of a Contractor's duties.
2. Accident, Injury: employee, customer, or personal slips or falls, or other incident, which results or may result in injury.
3. Event, Behaviors, or Actions: incidents that are unusual, contrary to agency policy or procedure or which may result in injury.
4. Property damage or missing articles.

## Who Should Report

Only people who witness the incident should fill out and sign the incident report. Each witness should file a separate report. Once the report is filed, ATS, the department head, administration, insurance company, or attorneys may review it.

Because incident reports will be read by many people and may even turn up in court, you must follow strict guidelines when completing them. If an incident report form does not leave enough space to fully describe an incident, attach an additional page of comments.

## Tips for Reporting Incidents:

1. Include essential information, such as identity of the person(s) involved in the incident and the exact time and place of the incident.
2. Document any unusual occurrences that you witnessed.
3. Document the weather conditions at the time of the incident.
4. Write objectively, avoiding opinions, judgments, conclusions, or assumptions about who or what caused the incident. Describe only what occurred; the facts.
5. Do not admit that you are at fault or blame someone else. Steer clear of statements like "better staffing would have prevented this incident".
6. Do not offer suggestions about how to prevent the incident from happening again.
7. Do not include detailed statements from witnesses and descriptions of remedial action; these are normally part of an investigative follow-up.

## INSTRUCTIONS FOR COMPLETION OF FORM

The Complaint/Incident Form is to be used to document the following:

1. Any type of accident, vehicle or otherwise, which may or may not involve injuries
2. Any client, provider, or customer conflicts or complaints
3. Any damages or loss to property or vehicle

When reporting a complaint/incident follow these steps:

1. Complete the form and obtain appropriate signatures.
2. Take photographs of accident site and conditions
3. Submit the original form to About Time Snow within five working days.
4. Keep a copy of the complaint/incident form for your own record.

## CONTRACTOR SIGNIFICANT INCIDENT/COMPLAINT REPORT

Document the incident:

Report Date: \_\_\_\_\_

### Accident Classification:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Injury                                   | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Fire                |
| <input type="checkbox"/> Illness                                  | <input type="checkbox"/> Environmental   | <input type="checkbox"/> Equip/Motor Vehicle |
| <input type="checkbox"/> Fatality                                 | <input type="checkbox"/> Safety          | <input type="checkbox"/> Falls               |
| <input type="checkbox"/> Other _____                              |  |  |
| <input type="checkbox"/> External, person involved (if any) _____ |  |  |

### Personal Data:

A. Name (Last, First, M.)	B. Age	C. Sex	D. Social Security #
E. Address		F. Phone No.	
G. Company Name		H. Job Description/ Title	

### Witness Data:

A. Name (Last, First, M.)	B. Age	C. Sex
C. Address	D. Phone No.	
E. Reason for being on site	F. Employed by/ Title	

A. Name (Last, First, M.)	B. Age	C. Sex
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A. Name (Last, First, M.)	B. Age	C. Sex
C. Address	D. Phone No.	
E. Reason for being on site	F. Employed by/ Title	

### General Data:

Incident Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

How did the incident come to your attention?

- ☐ Was involved
- ☐ Reported to me
- ☐ Other \_\_\_\_\_

Describe the incident: (include multiple versions when applicable)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Incident Reported By:

Printed Name

Signature

Date \_\_\_\_\_

Best Contact No.