

INCIDENT REPORT

(SHADED AREA FILLED OUT BY SAFETY/RISK MGR)

DATE: _____	PRIORITY: _____
INVESTIGATED BY: _____	REFERENCE STANDARD
DATE OF INCIDENT: _____	OSHA _____
BLDG.: _____	NFPA _____
FLOOR: _____	NEC _____
DEPT.: _____	OTHER _____
CONTACT: _____	TELE: _____

(This report should be completed whenever an incident occurs which could have potentially resulted in injury or property damage. Use the reverse side if additional space is needed.)

Describe the incident you are reporting: _____

When did you observe the incident or condition?

Date: _____ / _____ / _____

Time: _____ A.M. P.M.

Where did the incident or condition occur? (be specific) _____

What action did you or anyone else take upon observing the incident or condition? _____

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD

Report received by: _____

Date: _____ Time: _____

Action, if any, taken: _____

Follow-up action planned: _____

FILL OUT AND FORWARD TO SAFETY/RISK MGMT. OFFICE

HAZ-ABATEMENT LOG: _____ WORK ORDER: _____

RETURN COMPLETED FORM TO:
SAFETY/RISK MGMT. OFFICE
226 MIDDLE AVENUE, 4TH FLOOR
ELYRIA, OH 44035