

TRINITY COUNTY – INCIDENT/HAZARD REPORT

INTERNAL USE ONLY

Instructions: Employees shall use this form to report ALL work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by the employee involved within 24 hours and given to your Supervisor and Risk Management for further action. Note: Investigations are completed by a Supervisor, Risk Management and /or the Department Safety Representative.

SECTION A	
I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Incident <input type="checkbox"/> Near Miss <input type="checkbox"/> Hazard	
Reported By (<i>Your name</i>):	
Reported To (<i>Supervisor’s Name</i>):	
Department:	
Date & Time of Incident:	Date Reported:
Location:	
SECTION B	
DESCRIPTION (<i>Briefly describe incident</i>):	
SECTION C	
CAUSES (<i>Describe in detail the cause of the incident, if known</i>):	
SECTION D	
SUGGESTED CORRECTIONS (<i>Give suggestions for preventing reoccurrence</i>):	
Investigated By:	
SECTION E	
CORRECTIVE ACTION (<i>What HAS been done to prevent this Incident/Hazard from reoccurrence?</i>)	Date:
Department Safety Representative Signature:	Date:
Department Head Signature:	Date: