

4J INCIDENT REPORT

This form to be completed for all injuries and near misses
By completing this form, I certify information is true and accurate.

Treatment beyond 1st Aid YES NO

Reason for report: Near-miss Injury

Employee Name: _____

Job Title: _____

Date and Time of Incident: _____

Building Location including Room: _____

Were you able to complete your shift on the date of the incident? YES NO

Witness name and contact information: _____

Summary of Near-miss or Injury:

Employee/Volunteer Signature: _____ Date: _____

SUPERVISOR SECTION

Injury occurred in the course and scope of the job YES NO Unknown

Employee missed one or more days of work YES NO

Complete days missed of work due to injury: _____

Injury Prevention

It is critical to provide an incident analysis per OSHA: 437-001-0760(3) - http://www.orosha.org/pdf/rules/division_1/437-001-0760.pdf

For all questions marked "no," provide the corrective action including the date for implementation.

Describe the cause of the incident:

Appropriate equipment/tools, Personal Protection Equipment (PPE) used YES NO

Equipment, tools, or PPE defective YES NO

Worker followed safety procedures YES NO

Safety Measures/Procedures/Controls in Place YES NO

Worker had adequate training YES NO

For each item marked "NO" above, please provide a detailed corrective action:

Action to be taken	Responsible for action	Date Action will be completed

Administrator signature: _____

Date: _____

Administrator name (printed): _____

Date: _____