



**INCIDENT REPORT
(EMPLOYEE & SUPERVISOR)**

INCIDENT

NEAR MISS

JOB/EQUIPMENT HAZARD

(to be used in the event of a non-injury accident)

The person who was present or discovered the incident shall complete this report. Information is to be recorded immediately and the form must be sent to two (2) departments, one (1) copy to the City's Risk Management Office and one (1) copy to the City's Human Resources Office.

WCIA Organization: City of Oak Harbor Today's date _____

Employee's name _____ Job title _____

Department/Division _____ Phone number _____

Date and time incident occurred _____

Location where incident occurred _____

Describe all acts and resulting conditions in detail, including unsafe condition, equipment or hazard (please be specific). *(i.e. public or employee safety issue, possible damage to City easements, service lines, roads, drainage, sidewalks, parks, etc.)* _____

What active measures or assistance (if any) did employee take and what could have been done to avoid this incident? _____

Name of person to whom this incident was reported _____

Was equipment damage reported to Mechanics? YES NO

Name(s) of witness(es) _____

Employee signature _____ date _____

Date employer received report _____

SUPERVISOR'S REPORT

Preventive or corrective action that will be taken _____

Comments _____

Was equipment damage reported to Mechanics? YES NO

Print Supervisor Name _____

Phone number _____

Supervisor's Signature _____

Date _____