



### Incident Review Report

**Prior to completing this form, the supervisor should review applicable safety procedures, policies and job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.**

Name of Employee involved in incident:	
Location of Incident:	
Date of Incident:	
Time of Incident:	

What task was the employee performing at time of incident?

Is there a procedure for this task? <i>If yes, answer the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was employee following procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no, why not?	

Were proper tools or equipment being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the answer is no, why not?	

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Were tools or equipment in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the answer is no, why not?	

Was the correct personal protective equipment used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the answer is no, why not?	
If the answer is yes, what type of PPE was used?	

Were there housekeeping or environmental problems: i.e. Burnt out light bulbs in stairwell or hoses left on floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the answer is no, why not?	
If the answer is yes, what?	

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Were immediate corrective steps taken to address causes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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If the answer is no, why not?

If the answer is yes, what?

Any recommendations for long-term corrections?

Have you notified the City Administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all forms related to the event turned into City Hall	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does City Hall have the Company Nurse Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the employee filled out an Incident Report Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Time and Date of Safety Meeting the Supervisor will be attending to review Incident?	
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Name of Supervisor:	
Signature:	
Date:	