

# EMPLOYEE SECTION

<b>Employee</b>	<input type="text"/>	<b>Department</b>	<input type="text"/>
<b>Job Position</b>	<input type="text"/>	<b>Supervisor</b>	<input type="text"/>
<b>Location of Incident</b>	<input type="text"/>	<b>Date of Incident</b>	<input type="text"/>
<b>City Property</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Time</b>	<input type="text"/> <input type="radio"/> AM <input type="radio"/> PM

<b>Date Incident Reported</b>	<input type="text"/>	<b>Incident Reported To</b>	<input type="text"/>
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**Injury description**

**Task that led to injury**

**Incident description**

**Root causes and contributing factors**

Root causes and contributing factors may include things like:

- Other people
- Animals
- Equipment failure
- Environmental hazards
- Fatigue
- Overexertion
- Lack of training
- Repetitive motion
- Weather
- Lack of PPE
- Rules violation
- Housekeeping

**Preventative measures**

**Employee Signature** \_\_\_\_\_

**Date**

# SUPERVISOR SECTION

801 Submitted

Yes

No

Hospitalization / Fatality

Yes

No

Does Injury involve days away from work?

Does injury involve restricted work activity?

Yes

No

Yes

No

Incident description

Root causes and contributing factors

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- Repetitive motion
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- Lack of PPE
- Rules violation
- Housekeeping

Preventative measures

Supervisor's Signature \_\_\_\_\_

Date

Reviewed By \_\_\_\_\_

Date

**Submit this report to Risk Services at 940 Willamette Street, Suite 200, Eugene, OR 97401.**