WORKPLACE SAFETY INCIDENT REPORT FORM

Date and Time	Reporting Method e.g. in-person, over phone, email
Employee Completing the Form	Department/Division
Name of the Individual Reporting the Incident	Contact Information of Reporting Party
Date of Incident	Time of Incident
Street Address of Location Where Incident Occurred	City/State/Zip
Location Type ex: office, clinic, park, hospital, campus	Area Where Incident Occurred ex: main lobby, room #
Brief description of what happened and the outcome (Use space on the back page for complete details and timeline)	
Safety Incident Type ☐ Threat or Act of Workplace Violence ☐ Unsafe Condition ☐ Unsafe Act ☐ Near Miss ☐ Public Access Issue ☐ Suggestion ☐ Other:	Safety Incident Cause (Defective equipment, poor ventilation or lighting, exposure to unsafe condition, physical attack, procedures not followed, etc.)
Names of witnesses or others involved	Description of who committed the incident ☐ Patient ☐ Client ☐ Customer ☐ Coworker ☐ Supervisor ☐ Partner/Spouse ☐ Relative ☐ Stranger with criminal intent ☐ Family or friend of patient/client/customer ☐ Contractor/Volunteer ☐ Other:
Classification of circumstances at the time of the incident ☐ Performing usual job duties ☐ Working in poorly lit area ☐ Equipment failure ☐ Working during low staffing level ☐ Working in high crime area ☐ Lack of equipment ☐ Working in a community setting ☐ Unable to get help or assistance ☐ Rushed while working ☐ Isolated or working alone ☐ Working in an unfamiliar place ☐ Other circumstances:	
Type of medical treatment provided ☐ None ☐ First-Aid ☐ Fire paramedic or ambulance ☐ Triage with Company Nurse (1-877-278-4041)	
Was environmental sampling done ☐ Yes ☐ No	Which agency conducted the sampling
Was security or police involved ☐ Yes ☐ No	Security or police agency
Name or person(s) who conducted the investigation	Job Title
Did findings from the investigation substantiate the reported safety incident? ☐ In Part ☐ Yes ☐ No	Date of Investigation or Review

Completed Safety Incident forms are to be forwarded to Risk Management – akellie@smcgov.org, HRD 163, or fax to 650-363-4864

Detailed incident description, including:

- All employees and individuals involved before, during and after the incident.
- Detailed account of the incident as events occurred, including a specific timeline.
- Findings and outcomes from the investigation.

What actions have been taken or are recommended to prevent incident reoccurrence (check all that apply)

☐ Equipment "Out of Service" for repairs	☐ Facilities Maintenance Service requested (x4444)
☐ Order new or additional equipment	☐ Personal protective equipment to be used
☐ Safety training needed or scheduled	☐ Safety procedures to be reviewed or developed
☐ Add new or additional warning signage	☐ Additional supervision or staffing
☐ Ergonomic evaluation or job assessment	☐ Other (specify):

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