MEDICAL INCIDENT REPORT FORM

- Incident analysis helps you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that the DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an	■ Injury	■ Disease	■ Fatality	■ Near-miss

TODAY'S DATE____________________ DATE REPORTED____________________

COMPANY ____________________ DEPARTMENT____________________

SUPERVISOR____________________ PHONE NO. ____________________

1. Name of Person Involved	2. Sex	3. Social Security Number	4. DOB	5. Date of Incident

6. Home Address __________ __________ Phone ( )	7. Time and Day of Incident ____ a.m; ____ p.m; day of week: ____ 9. Employee's Occupation	8. Specific Location of Incident Was it on employer's premises? ☐ yes ☐ no 10. Job Task at Time of Incident
13. Name and Address of Treating Physician __________ __________ Phone ( )	11. Length of Service ______ Years; ______ Months 14. Employment Category ☐ Regular, full-time ☐ Temporary ☐ Regular, part-time ☐ Non-employee ☐ Seasonal	12. Employee was Working ☐ Alone ☐ With Fellow Workers ☐ Other 15. Experience in Occupation at Time of Incident ☐ Less than 1 month ☐ 1 to 5 month ☐ 6 months to 1 year ☐ 1 to less than 5 years ☐ 5 or more years
16. Name and Address of Hospital __________ __________	17. Phase of Employee's Workday at Time of Injury ☐ During break period ☐ During meal period ☐ Working overtime ☐ Entering or leaving the building ☐ Performing work duties ☐ Other (explain below) 18. Name of employee's Immediate Supervisor at time of Incident	Witnessed Incident? ☐ Yes ☐ No
19. Employee's Wage (pay per Hour) 21. Voluntary benefits paid by the employer, if any	20. Other Witnesses __________	

22. PART of BODY INFURIED or AFFECTED

☐ Skull, Scalp ☐ Jaw ☐ Abdomen ☐ Shoulder ☐ Wrist ☐ Knee ☐ Foot
☐ Eye ☐ Neck ☐ Back ☐ Upper Arm ☐ Hand ☐ Thigh ☐ Toe
☐ Nose ☐ Spine ☐ Pelvis ☐ Elbow ☐ Finger ☐ Lower Leg ☐ Ankle
☐ Mouth ☐ Chest ☐ Other Body Part ☐ Forearm ☐ Hip ☐ Other ______________

23. NATURE of INJURY or ILLNESS

☐ Puncture ☐ Bruise, Contusion ☐ Skin Disorder ☐ Amputation ☐ Muscle Sprain ☐ Cumulative Trauma Disorder
☐ Laceration ☐ Dislocation ☐ Burn ☐ Insect/Animal Bite ☐ Muscle Strain ☐ Irritation
☐ Fracture ☐ Abrasion ☐ Respiratory ☐ Foreign Body ☐ Hernia ☐ Infection
☐ Heat/Cold Stress ☐ Hearing Loss ☐ Chemical Exp. ☐ Other ______________

24. DISPOSITION	25. DIAGNOSIS	26. SEVERITY
☐ Days away from work # ______ ☐ Restricted work days # ______ ☐ Date returned to work # ______ Sent to: ☐ Doctor ☐ Hospital	______________ ______________ ______________	☐ First Aid ☐ Medical Treatment ☐ Lost Work Days ☐ Fatality ☐ Other: Specify ______________

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT? ■Not Applicable

☐ Close Clearance/Congestion ☐ Floors/Work Surfaces ☐ Inadequate Housekeeping ☐ Defective Tools/Equipment/Vehicle
☐ Hazardous Placement ☐ Inadequate Ventilation ☐ Equipment Failure ☐ Illumination
☐ Inadequate Warning System ☐ Equipment/Workstation Design ☐ Inadequate Guards/Barrier ☐ Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ■No Substandard Conditions

☐ Abuse or Misuse ☐ Inadequate Supervision ☐ Inadequate Purchasing ☐ Inadequate Engineering
☐ Inadequate Maintenance ☐ Inadequate Tools/Equip./Mat. ☐ Improper Work Surfaces ☐ Wear and Tear
☐ Lack of Knowledge/Training ☐ Improper Motivation ☐ Inadequate Capacity ☐ Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ■Not Applicable

☐ Failure to Make Secure ☐ Under Influence Drugs/Alcohol ☐ Failure to Warn/Signal
☐ Used Defective Equipment ☐ Horseplay/Distractive Active ☐ Operating at Improper Speed
☐ Used Equipment Improperly ☐ Improper Lifting ☐ Operating Procedure Deviation
☐ Running/Rushing/Acting in Haste ☐ Improper Loading ☐ Unauthorized Actions ☐ Used Wrong Tool/Equipment
☐ Improper Technique ☐ Improper Position ☐ Servicing/Operating Equipment
☐ Other ______________ ☐ Inadequate/Improper P.P.E. Use ☐ Nullified Safety/Control Devices

30. PROBABLE RECURRENCE	31. LOSS SEVERITY POTENTIAL
☐ Frequent ☐ Occasional ☐ Rare	☐ Major ☐ Serious ☐ Minor

32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)

☐ Improve Enforcement ☐ Improve Clean-up Procedures ☐ Repair/Replace Equipment ☐ Corrective Counseling
☐ Improve Storage/Arrangement ☐ Rotation of Employee ☐ Eliminate Congestion ☐ Improve/Change Work Method
☐ Identify/Improve P.P.E ☐ Install/Service Guards/Devices ☐ Task Analysis to Be Completed
☐ Task Analysis/Procedure Revision ☐ Improve Design/Construction ☐ Job Reassignment of Employees
☐ Use Other Materials/Supplies ☐ Improve Illumination ☐ Mandatory Pre-Job Instructions
☐ Improve Ventilation ☐ Reinstruction of Employees ☐ Other ______________

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ■ Comments sheet

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34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ■ Comments sheet

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35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

______________________ ______________

Supervisor's Signature Date