

INSTRUCTIONS FOR INCIDENT REPORT

- Complete an Incident Report in the case of a **work-related**:
 - injury
 - illness
 - allergy
 - exposure
 - spill
 - Bee stings

- Form must be completed within 24 hours of the occurrence

- The employee and their supervisor are jointly responsible for completing and signing this form. The employee and supervisor should discuss the incident/near miss before each signs the form.

- Information required on the form is as follows:
 - the date on which the incident occurred
 - a detailed explanation of what happened (enough detail that someone reading the form could visualize what happened)
 - explain why the incident happened
 - give recommendations of how the incident can be avoided in the future
 - recommend corrective actions for the incident and projected completion dates, if applicable
 - attach additional information sheets if necessary (e.g. emails, SDS)

- The supervisor will review the form, ask/answer any necessary questions to get a complete picture of the incident, and implement corrective actions. The supervisor signs the form when he/she is satisfied with the level of detail in the form.

- Once the employee and the supervisor have signed the incident form, **the original is submitted to EHS**. A copy should be submitted to HR.

Notes:

- If an employee is incapacitated for a period of 5 or more calendar days, a *Massachusetts Employer's First Report of Injury or Fatality* form (Mass 101) must be completed within 7 calendar days
 - <https://www.mass.gov/info-details/form-101-first-report-of-injury>
- For reportable incidents (when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye):
 - A fatality must be reported within 8 hours
 - An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours
 - <https://www.osha.gov/report.html>

Incident Report Form

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|--|------------------------------|
| Date of occurrence: _____ | Estimated Time: _____ |
| Date Report Completed: _____ | Employee Continued Work: Y/N |
| Personnel Involved: _____ | |
| Department: _____ | |
| Job Title: _____ | |
| Witnesses (if any): _____ | |
| Location: _____ | |
| Location of injury (i.e. left knee): _____ | |
| Equipment Involved (if any): _____ | |
| Chemicals Involved (if any): _____ | |
| Personal Protection Equipment at time of incident: _____ | |

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| Description and Cause of Incident: |
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| Exposure/Injury (burn, fracture, cut, scrape, etc.): |
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| Medical Treatment Details (if any): |
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| | | |
|--------------------------|-----------------------|-------|
| Employee Name (print): | Employee Signature: | Date: |
| _____ | _____ | _____ |
| Supervisor Name (print): | Supervisor Signature: | Date: |
| _____ | _____ | _____ |

Safety Incident Report Follow Up

Date: _____

Employee: _____

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|---|------------------------------|-----------------------------|
| OSHA Recordable? If yes, have affected employee(s) additionally complete OSHA Form 301: https://www.osha.gov/recordkeeping/RKforms.html | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| OSHA Reportable? If yes, HR must complete the OSHA Report within 8 hours for a fatality and 24 hours for other reportable incidents: https://www.osha.gov/report.html | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee out of work for five (5) or more calendar days? If yes, HR must complete Massachusetts Employer's First Report of Injury or Fatality form (Mass 101) within seven calendar days: https://www.mass.gov/info-details/form-101-first-report-of-injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Follow-up and Corrective Actions (attach additional pages if needed):

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|-----------------------------|-------------|
| Employee signature: _____ | Date: _____ |
| Supervisor signature: _____ | Date: _____ |