



MEMBER INCIDENT REPORT

(Check one):

An incident is an event that caused injury to a person or damage to equipment, building or materials.

A near miss is an event that could have caused injury to a person or damage to equipment, building or materials.

A near miss or an event that resulted in injury/accident to a person not involving equipment, building or materials but was on credit union premises.

Person completing this form: _____ Date: _____

Name and job title of the employee involved in the incident/near miss: _____

Witness(es): _____

Date of incident/near miss: _____ Time of incident/near miss: _____ a.m./p.m.

Department and location where the incident/near miss occurred: _____

Did an injury occur? Yes No

Nature of the injury (strain, cut, bruise, etc.): _____

Body part(s) affected: _____

Medical treatment required? Yes No

If yes, what type? First aid on-site Express care Doctor Hospital

Name of the facility, hospital or physician: _____

If employee, was the employee hospitalized overnight as a patient? Yes No

If an employee, did the employee leave work early due to the injury? Yes No
If yes, what time? _____ a.m./p.m.

If an employee, date the employee returned with light duty restrictions: _____

If an employee, date the employee returned with full duty restrictions: _____

Describe the incident fully: (use additional pages if necessary or sketch on back if needed to clarify):

List all equipment, machinery, materials, or chemicals the employee/member was using when the event occurred:

Identify the factors that you believe contributed to or caused the incident:

Complete this section if an injury occurred or there was damage to equipment.

Were proper procedures being followed when the incident occurred? ___ Yes ___ No

If no explain: _____

Was the employee wearing proper personal protective equipment? ___ N/A ___ Yes ___ No

If no explain: _____

Are changes in equipment necessary to prevent reoccurrence? ___ Yes ___ No

If yes explain: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Forward this form to the Human Resources Department as soon as possible following the incident or near miss.

Note: If an employee receives medical treatment from a doctor or hospital, additional forms will need to be filled out and forwarded to the HR Dept. along with the incident report so a workers' compensation claimed can be filed.