
Employee Signature

Date

Administrator Signature

Date

Fax side one immediately to:

Samantha McGill

(920) 929-3664

Phone: (920) 929-3740

Complete side two with in 24hours

Employee Name: _____

Cause of Incident
Complete with your supervisor

1. Could this incident have been prevented? Yes No
If yes, explain: _____
2. Was this incident caused by an unsafe act or condition? Yes No
If yes, explain: _____
3. Have similar incidents occurred before? Yes No
Reason for recurrence(if any) _____

If question 1-3 are answered "no", please sign, date and return to Horace Mann High School.

4. Check all that apply:

Unsafe Act/Condition:

- | | |
|--|--|
| <input type="radio"/> Housekeeping | <input type="radio"/> Physical and environmental stresses |
| <input type="radio"/> Material/tools/process | <input type="radio"/> Exceeding limits (speeds, strengths, etc.) |
| <input type="radio"/> Work Practices | <input type="radio"/> Equipment, machinery |
| <input type="radio"/> Hazards not recognized | <input type="radio"/> Facility/design |
| <input type="radio"/> Safeguarding devices | <input type="radio"/> Other: _____ |
| <input type="radio"/> Protective Equipment | _____ |

Contributing Factors:

- | | |
|--|--|
| <input type="radio"/> Conflicting goals/policies | <input type="radio"/> Excessive physical demands |
| <input type="radio"/> Failure to plan/anticipate | <input type="radio"/> Maintenance/inspection/repairs |
| <input type="radio"/> Responsibilities not defined | <input type="radio"/> Failure to use appropriate personal protective equipment |
| <input type="radio"/> Lack of procedures | <input type="radio"/> Inadequate construction/layout |
| <input type="radio"/> Resources lacking | <input type="radio"/> Inadequate instructions |
| <input type="radio"/> Failure to act/correct | <input type="radio"/> Inadequate designs/safeguarding |
| <input type="radio"/> Inadequate time | <input type="radio"/> Inadequate staff |
| <input type="radio"/> Failure to follow procedure | <input type="radio"/> Horseplay |
| <input type="radio"/> Knowledge/skills lacking | <input type="radio"/> Other: _____ |
| | _____ |

Action to Be Taken To Prevent Recurrence: _____

EMPLOYEE INCIDENT REPORT PROCEDURE

1. Employee reports incident to administrator (building secretary if administrator is unavailable).
2. Building secretary provides employee with incident form.
3. Page one (1) of incident report is to be completed immediately.
4. Building secretary will immediately fax page one (1) to the Horace Mann High School office in care of Samantha McGill-Freismund. Please remember to fax even if **all** information or signature is not completed.
5. Administrator is to complete page two (2) of incident report and send to Horace Mann High School in care of Samantha McGill-Freismund within 24 hours.