

TOMPKINS COUNTY ACCIDENT/INCIDENT REPORT

DIRECTIONS: Employee: Complete Section 1 and give to your Supervisor within 24 hours of incident.
Supervisor: Complete Section 2 and then forward this report within 48 hours:

County Administration: Send original incident report, photos, any additional backup, and police report as soon as possible to County Administration.

Human Resources: If injury or illness to employee, **also** complete Employee Injury/Illness Report Form. Send copies of both reports to Human Resources.

Public Health: If there is a bodily fluid exposure, **also** fax this report 274-6620 to Public Health within 24 hours.

SECTION 1:

Department Name:	Name of Employee(s) Completing this Report:
..... Employee? Yes.....No..... Employee Hire Date:/...../..... Name of Person(s) Injured or Property Owner Name	
..... Employee ID# _____ Home Address	
..... Telephone Number Email Address
Date of Incident: / /	Time of Incident: { }AM { }PM
Location of Incident:	
Officials called to the scene: { }Sheriff { }State Police { }Ithaca Police { }Fire Dept. { }Ambulance { }Other:	
Description of Injuries or Damaged Property:	
STATEMENT: Describe who, what, when, where, why, and how. (Attach additional sheets as necessary, and/or sketch on reverse side)	
Employee Injury:	
Was there medical treatment rendered beyond first aid? { }Yes { }No	
If so, where was this treatment rendered?	
Was the employee hospitalized overnight? { }Yes { }No { }Unknown	
Is this a recurrence of a previous injury or illness? { }Yes { }No If yes, please give details; treatment by what physicians?	
.....	
If employee injured, what time did employee start working today?	
If employee injured, are you employed elsewhere? { }Yes { }No Where?.....	
Employee Signature..... Date.....	

DESCRIPTION OF CONDITIONS: List street name, weather conditions, ground conditions, etc.

CAUSE OF INCIDENT: List the factors that you believe contributed to this incident

PREVENTION: What actions, if any, can be taken now to prevent a recurrence?

Witness Name:..... **Telephone:**.....

Witness Name:..... **Telephone:**.....

Sketch, if necessary:

SECTION 2:

SUPERVISOR OR DEPARTMENT HEAD REVIEW, RECOMMENDATION AND FOLLOW-UP ON CORRECTIVE ACTION:

Person responsible for corrective action (if applicable):.....

Corrective Action Target Date:.....

Supervisor Signature:..... **Print:**..... **Date:**.....

Captain Signature:..... **Print:**..... **Date:**.....

Department Head Signature:..... **Print:**..... **Date:**.....

Date Incident Reported:..... **Date Report Completed:**.....

Note: If information is unknown at the date of this report, you are encouraged to complete an addendum or submit an additional report when additional details are known.