

Modoc County – Incident/Hazard Report

Internal Use Only

Instructions: Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a Supervisor and Risk management for further action.

<u>SECTION A</u>	
I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss <input type="checkbox"/> Hazard	
Reported By (<i>Your name</i>):	
Reported To (<i>Supervisors Name</i>):	
Department:	
Date & Time of Incident:	Date Reported:
Location:	
<u>SECTION B</u>	
DESCRIPTION (<i>Briefly describe incident</i>):	
<u>SECTION C</u>	
CAUSE (<i>describe in detail the cause of the incident, if known</i>):	
<u>SECTION D</u>	
SUGGESTED CORRECTIONS (<i>Give Suggestions for preventing reoccurrence</i>):	
Investigated By:	
<u>SECTION E</u>	
CORRECTIVE ACTION (<i>What HAS been done to prevent this Incident/Hazard?</i>):	
Department Safety Representative Signature:	Date:
Supervisor Signature:	Date: