

TOMPKINS COUNTY INCIDENT REPORT

DIRECTIONS: Employee: Complete Section 1 and give to your supervisor within 24 hours of incident.
Supervisor/Captain: Complete Section 2 and then forward this report, any additional backup and police reports to County Administration within 48 hours. If injury or illness to employee, send a copy to the Personnel Office.

Rev. 12/15

SECTION 1:

Dept/Division Name:	Name of Employee(s) Completing this Report:
<p>..... Employee? Yes.....No..... Employee Hire Date:</p> <p>Name of Person Injured or Property Owner</p> <p>.....</p> <p>Home Address</p> <p>.....</p> <p>Address Telephone Number</p>	
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:	
<p>If employee injured, what time did employee start working today?</p> <p>If employee injured, are you employed elsewhere?Where?.....</p>	
STATEMENT: Describe who, what, when, where, why and how. (Attach additional sheets as necessary, and/or sketch on reverse side)	
<p>Signature..... Date.....</p>	
DESCRIPTION OF CONDITIONS/DAMAGED PROPERTY: List street name, weather conditions, ground conditions, property damaged (attach additional sheets as necessary)	
<p>Continued on next page</p>	

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:**.....

Signature of Person Completing this Section:

Date:

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/Captain Signature:..... **date:**.....

Department Head's Signature:..... **date:**.....

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