

TOMPKINS COUNTY 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, any additional backup, and the police report as soon as possible to County Administration.

Human Resources: If injury or illness to employee, **also** send copy of this report 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:
<p>..... Employee? Yes.....No..... Employee Hire Date:/...../.....</p> <p>Name of Person Injured or Property Owner</p> <p>..... Employee ID# _ _ _ _</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:	
STATEMENT: Describe who, what, when, where, why and how. (Attach additional sheets as necessary, and/or sketch on reverse side)	
<p>Employee Injury:</p> <p>Was there medical treatment rendered beyond first aid? { }Yes { }No</p> <p>If so, where was this treatment rendered?.....</p> <p>Was the employee hospitalized overnight? { }Yes { }No { }Unknown</p> <p>Is this a recurrence of a previous injury or illness? { }Yes { }No If yes, please give details; treatment by what physicians?</p> <p>.....</p> <p>If employee injured, what time did employee start working today?</p> <p>If employee injured, are you employed elsewhere?Where?.....</p>	
Signature..... Date.....	
DESCRIPTION OF CONDITIONS: List street name, weather conditions, ground conditions	

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's Signature:.....Print..... date:.....

Captain's Signature..... Print.....date:.....

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

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

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