



SAFETY - ACCIDENT/INCIDENT/INJURY REPORT

ROCKDALE COUNTY HUMAN RESOURCES AND SAFETY TEAM

PLEASE PRINT - REFER TO EMPLOYEE SAFETY GUIDELINES FOR DETAILS

AFFECTED PERSON _____ DOB ____ / ____ / ____ DATE ____ / ____ / ____
 INCIDENT LOCATION _____ YOUR NAME _____ TIME ____ : ____ PM AM
 DEPARTMENT _____ YOUR PHONE # _____
 DATE REPORTED _____ REPORTED TO _____
 DATE AND TIME OF INCIDENT _____ 911 CALLED? Yes No
 I am: Affected Person Employee Citizen Witness Supervisor Dept. Head Other ____
 ATTACH COPY OF SUPERVISOR'S FIRST REPORT FORM AS APPLICABLE _____ INITIALS _____
 AFFECTED EMPLOYEE MUST REPORT FOR DRUG SCREENING/BREATHALYZER EXAM AS REQUIRED _____ INITIALS _____

WITNESSES / FIRST ON SCENE

FIRST _____	PHONE # _____
SECOND _____	PHONE # _____
THIRD _____	PHONE # _____

DESCRIPTION OF INCIDENT

DESCRIBE WHAT HAPPENED IN DETAIL. NOTE RELEVANT ACTIONS/CONDITIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

STAFF IN VICINITY

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

FOLLOW UP / DISCUSSION BY HR/SUPV/MANAGER/DEPT. HEAD

FOLLOW-UP BY:	STATUS
COMMENTS	<input type="checkbox"/> SPOKE WITH
	<input type="checkbox"/> LEFT MESSAGE
	<input type="checkbox"/> INCORRECT #
	<input type="checkbox"/> OTHER

REPORT PREPARED BY _____ SIGNATURE _____ TIME 12:15 AM PM DATE ____ / ____ / ____



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RECORD DETAILS ABOUT INCIDENT SITE AND OTHER NOTEWORTHY INFORMATION

Describe scene /secure location /take pictures, etc.

****COMPLETE SECTIONS BELOW ONLY IF TRAINED IN SAFETY/CPR/FIRST AID**

If not, please skip down to signature line at page bottom.

IF AT INCIDENT SCENE: IDENTIFY YOURSELF / OBTAIN CONSENT IF POSSIBLE BEFORE ASSISTING

- First Aid trained / CPR certified (circle as applicable) Your Name / Role / Title: _____
- Name of medical personnel on scene (if applicable): _____

NOTE: IF AFFECTED PERSON IS INJURED, UNABLE TO MOVE A BODY PART, EXPERIENCING DIZZINESS OR PAIN, OR REQUESTS MEDICAL ASSISTANCE, DO THIS:

- Summon EMS personnel. Do not move the affected person, and stay with the individual until help arrives.
- Keep the person calm.
- Determine whether to notify emergency contact (if HR notified, this will be done by HR).
- Observe if changes in consciousness or breathing are noted.
- Notify leadership personnel and complete accident/incident report.

NOTE: IF AFFECTED PERSON CAN MOVE BODY PARTS WITHOUT PAIN OR DISCOMFORT, AND HAS NO OTHER APPARENT SIGNS OR SYMPTOMS OF ILLNESS OR INJURY, DO THIS:

- Apply qualified first aid as trained, as appropriate and as requested.
- Observe if changes in consciousness or breathing are noted.
- Determine whether emergency medical treatment is needed, or whether to notify emergency contact.
- Notify leadership personnel and complete accident/incident report.

OBSERVE AFFECTED PERSON AT THE TIME OF THE ACCIDENT/ INCIDENT (IF POSSIBLE)

Observe the head, neck and shoulders/notes: _____

Observe the skin, appearance and temperature/notes: _____

Observe the chest and abdomen/notes: _____

Observe the arms and legs/notes: _____

OBTAIN AND RECORD RELEVANT HISTORY OF AFFECTED PERSON (IF POSSIBLE)

Signs and symptoms / actions or events leading up to incident: _____

Allergies / medications / relevant medical history: _____

Other relevant information: _____

SUBMITTED BY
SIGNATURE: _____

TIME _____

:

AM
PM

DATE _____

/ /

SUBMIT BY EMAIL

REVISED 7/2/2013