

INCIDENT REPORT

FY 2020

Name of Person(s) Involved:		Position(s):	
Region:	Timesheet Code of Primary Person Involved:	Project Code:	
Date of Incident:		Time of Incident:	
Name of person(s) completing report:		Date report filled out:	
Activity:	<input type="checkbox"/> Camp Life	<input type="checkbox"/> Driving	<input type="checkbox"/> Hiking
	<input type="checkbox"/> Work	<input type="checkbox"/> Recreation	<input type="checkbox"/> Other
Type of Project Work	<input type="checkbox"/> Brushing	<input type="checkbox"/> Chainsaw	<input type="checkbox"/> Cut & Run
	<input type="checkbox"/> Fencing	<input type="checkbox"/> Restoration	<input type="checkbox"/> Rock work
	<input type="checkbox"/> Structures	<input type="checkbox"/> Trail Construction/Maintenance	<input type="checkbox"/> Invasives
	<input type="checkbox"/> Indoor training	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Disaster Response
	<input type="checkbox"/> Various WHWH work	<input type="checkbox"/> Survey/Monitoring	<input type="checkbox"/> Other:
Incident Category	<input type="checkbox"/> Injury	<input type="checkbox"/> Skin Disease/Disorder	<input type="checkbox"/> Respiratory Condition
	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Heat/Cold Related	<input type="checkbox"/> Mental Health, no injury
	<input type="checkbox"/> Mental Health resulted in injury	<input type="checkbox"/> Bloodborne Pathogenic Diseases	<i>* see back for examples</i>
	<input type="checkbox"/> Work-related Illness (gastrointestinal/nosebleed/etc)	<input type="checkbox"/> Non-work related illness (flu, etc.)	
Additional Info	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Allergy	<input type="checkbox"/> Bite/Sting
	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn	<input type="checkbox"/> Cut/Wound
	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Infection	<input type="checkbox"/> Respiratory
	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Other _____	
If applicable, please indicate if the incident was a result of:		<input type="checkbox"/> Overuse	<input type="checkbox"/> Repetitive Motion
Incident Type (circle one): 4 3 2 1		Evacuation?	<input type="checkbox"/> MCC only
			<input type="checkbox"/> MCC and partner/others
Resulted in either Missed Days or Restricted Work Activity in field: Y / N		Items taken from First Aid Kit:	
Were the above days due to illness/injury with a work. comp. claim? Y / N			

What happened? (Describe the incident, materials/people involved, conditions/terrain, injured part of body, etc)

(If incident includes property damage please fill out Property Damage portion on backside of page)

What human factors or decisions contributed to the incident? In what ways might someone else have acted/reacted differently? What are some personal or crew dynamics that may have influenced the situation?

What could be done differently next time to help prevent this incident from happening again?

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FY 2020

<i>CLOSE CALLS & PROPERTY DAMAGE</i>	
Name of Person(s) Involved:	Position(s):
Region: Timesheet Code of Primary Person Involved:	Project Code:
Date of Incident:	Time of Incident:
Name of person(s) completing report:	Date report filled out:
Activity: <input type="checkbox"/> Camp Life <input type="checkbox"/> Driving <input type="checkbox"/> Hiking <input type="checkbox"/> Work <input type="checkbox"/> Recreation <input type="checkbox"/> Other	
Type of <input type="checkbox"/> Brushing <input type="checkbox"/> Chainsaw <input type="checkbox"/> Cut & Run <input type="checkbox"/> Fencing <input type="checkbox"/> Restoration <input type="checkbox"/> Rock work <input type="checkbox"/> Structures Project <input type="checkbox"/> Trail Construction/Maintenance <input type="checkbox"/> Invasives <input type="checkbox"/> Indoor training <input type="checkbox"/> Historic Preservation Work <input type="checkbox"/> Disaster Response <input type="checkbox"/> Various WHWH work <input type="checkbox"/> Survey/Monitoring <input type="checkbox"/> Other:	
CLOSE CALLS	

What happened? (Describe the event, materials/people involved, conditions/terrain, injured part of body, etc)

What was learned during this close call to help prevent similar events in the future?

PROPERTY DAMAGE

What was damaged?

What happened? (Describe the event, materials/people involved, conditions/terrain, etc)

How will you prevent this from happening in the future?

Examples for Classifying Incidents

Classifying Injuries: An injury is any wound or damage to the body resulting from an event in the work environment.

Example: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical or radiation burn. Sprain and strain injuries to muscles, joints and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accident.

Skin diseases or Disorders: Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants or other substances. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory Conditions: Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors or fumes at work. Examples: Silicosis, asbestosis, pneumonitis, reactive airways dysfunction syndrome (RADS), etc.

Heat/Cold Related: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; etc.

Bloodborne Pathogenic Diseases: AIDS, HIV, hepatitis B or C, brucellosis, etc.