The purpose of this form is to identify the circumstances that led to the reported incident so that we can identify ways that we can prevent injuries in the future. The purpose of this statement is not to cast blame on any individual. The more descriptive you can be in your statement, the better information we will have when we develop our corrective action.

PART 1: To be completed by EHS Risk Mitigation Manager from date in First Report of Incident:

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Date: |  | Incident Time: |  |
| Specific Location: |  | Injured Associate: |  |
| Description of Incident (From Incident Log) |  |

|  |
| --- |
| Names of Witnesses (if any) |
|  |
| What were you doing at the time the incident occurred? |
|  |
| Describe step by step what led up to the injury/near miss (continue on back if necessary) |
|  |
| Describe how what you were doing varied from the normal process (if applicable) |
|  |
| What could have been done to prevent this injury/near miss? |
|  |
| What part(s) of your body were injured? If a near miss, how could you have been hurt? |
|  |
| Did you see a doctor about this injury/illness? 🞏 Yes 🞏 No |
| Has this part of your body been injured before? 🞏 Yes 🞏 No |

Use other side if necessary.

I have given this statement freely and without coercion. It represents the facts pertaining to the above referred incident to the best of my knowledge and belief.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |