



# **TOWN OF MEREDITH**

## ***Incident Report Form***

*\*Reports must be fully completed and submitted to the Town Manager's office within 24 hours of any incident.*

TO BE COMPLETED BY MANAGER or SUPERVISOR of INJURED EMPLOYEE

Department:	Manager/Supervisor Completing Report:
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<b>WHO</b> was injured:	Date of Report:
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**WHEN** did the incident take place:

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**WHERE** did the incident occur: (be as detailed as possible)

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**EQUIPMENT DAMAGE** please describe any damage to Town owned vehicles:

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**WHAT** happened: (Clearly describe what happened including events leading up to the incident)

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**WHY** did this happened: (i.e. was person not wearing supplied PPE? Was the particular PPE not supplied to the individual?)

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<b>Personal Injury</b> - Was an injury sustained:    YES    NO (skip this section)		
Part of body affected:		Nature of injury:
Did injured leave work:	Time:	Date:
Did injured go to doctor:		Was injured transported by ambulance? Where to?
Name of Physician		Did injured return to work:
Was emergency care needed:		Was a police report filed:
Provide details:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

<b>Corrective Actions:</b> (To be completed by manager)
Was this incident preventable?    YES    NO
How?
What will be done to prevent this incident from happening again?
_____
_____
_____
_____
_____
_____
_____
_____

Signatures

          Manager	          Employee
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Are there any supplemental forms to this report?  
(i.e. witness statements, slip/trip/fall form/ doctors notes)



**Safety Committee Review**

Did the manager provide a good description of the incident and the contributing factors?

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Are the corrective actions logical to correct the incident from reoccurring?

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Recommendation from the Safety Committee:

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<b>PROCESSING INFORMATION:</b>		
INJURY - TOWN MANAGER'S OFFICE / INCIDENT – HUMAN RESOURCES DEPARTMENT		
First Name	Middle Initial	Last Name
Date of Birth	Social Security Number	
Address:		
Telephone Number:	Wages Per Hour	Date Employment Began: