

WYOMING COUNTY EMPLOYEE INCIDENT REPORT

All documents must be signed by Employee and Supervisor

- Damage to: [] County Property - complete all applicable information and return to Board of Supervisors
[] Personal Injury - continue and forward to Wyoming County Workers Comp, 143 N. Main St., Warsaw, NY 14569

EMPLOYEE INFORMATION-Please print or type (to be completed by Employee)

Name of Employer: _____ Job Title _____
Name: (Last) _____ (First) _____ (MI) _____ Date of Birth ____/____/____
Sex: M/F Home Telephone (____) _____ Social Security #: _____ Date of Hire ____/____/____ Normal Shift Time _____
Employee Address: _____ Date of Incident ____/____/____ Time of Incident: _____ AM PM
City: _____ State: _____ Zip Code: _____ County: _____ Date Disability began: ____/____/____
Exact Location/Address of Incident: _____
Describe what you were doing at the time of the incident and any resulting injuries: _____

How did the incident occur? List any Equipment, machinery or contributing factors to the incident (Facts, no opinions):

Identify Part(s) of Body Injured: _____
List other employees involved and/or witnesses: _____
I agree that the above is true, correct and complete.

Employee signature: _____ Telephone/Extension _____ Date: ____/____/____

SUPERVISORY REPORT-Please print or type (To be completed by Employee's Supervisor)

Supervisor's Name: _____ Department: _____
Supervisor's account (Describe how the injury occurred. Note what the Employee was doing when injured and how the injury occurred. Identify tools or materials involved and how used):

Did incident result from mechanical defect?: Y N (explain above) Did incident result from an unsafe act on part of the injured Employee?: Y N
An unsafe act on the part of another?: Y N If an injury, was it Avoidable?: Y N Was action taken to prevent similar incident?: Y N
If yes, describe what actions were taken: _____

- Check factors which contributed to the incident [] Failure to Use Available PPE [] Operating/Working at Unsafe Speed
[] Failure to Comply with Direction [] Improper Sharps Disposal/Transfer [] Gripping Objects Insecurely
[] Physically Assaultive Behavior [] Equipment Malfunction [] Improper Use of Hands/Body Parts
[] Hazardous Work Surface Conditions [] Failure to Secure/Warn/Place Signs [] Excess Weight Bearing
[] General Environmental Conditions [] Taking an Unsafe Posture or Position [] Inappropriate Body Mechanics for the Task
[] Improper Use of Equipment [] Other _____

Employee was referred to: (Circle one) Workplace Health / ER / EAP / Refused Treatment / Other _____
Average Earnings per week: _____ Total Earnings paid during 52-week prior to date of Accident (include bonuses, overtime, etc.): _____
Full or Part time Worker: (Circle one) Full / Part Injured Worker's regular work week: _____
Employee is a member of a Union Y N Union: _____
Has Employee returned to work?: Y N Date of return to work ____/____/____ Comments: _____

Signature of Supervisor: _____ Title: _____ Telephone/Extension _____