

# BENSALEM TOWNSHIP REPORT OF INCIDENT

1. EMPLOYEE \_\_\_\_\_ DEPT \_\_\_\_\_

2. DATE, TIME, WEATHER, LOCATION OF ACCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. EQUIPMENT INVOLVED \_\_\_\_\_

4. SECOND EMPLOYEE INVOLVED \_\_\_\_\_

5. FIRST AID GIVEN \_\_\_\_\_

6. MEDICAL ATTENTION AUTHORIZED BY \_\_\_\_\_

7. ACCIDENT WITNESSED BY \_\_\_\_\_

8. DESCRIBE ACCIDENT AND NATURE OF INJURY IF ANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. HOW MUCH TIME DID EMPLOYEE LOSE? \_\_\_\_\_

10. COULD THIS INCIDENT HAVE BEEN PREVENTED AND IF SO, HOW?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. ADDITIONAL INVESTIGATION NEEDED \_\_\_\_\_ YES \_\_\_\_\_ NO

12. REPORT DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_

13. ADDITIONAL COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_