TRIAD GROUP, LLC - PARTNERS PROGRAM
WYOMING COUNTY WORKERS' COMPENSATION
INCIDENT REPORT FORM

EMPLOYEE SECTION

Date of Report_____ Date of Incident_____

Name_____

Immediate Supervisor_____ Phone Number_____

Location of the incident_____

Weather Conditions_____

Describe the activity being performed at the time of the injury or illness_____

What safety equipment was in use at the time of incident?_____

What training had you received concerning the activity you were performing at the time of the injury?_____

Describe in your words what happened to cause the injury_____

Body Part Injured: ❑ Right ❑ Left

❑ Head	❑ Eye	❑ Ear	❑ Neck	❑ Shoulder
❑ Back	❑ Hand	❑ Arm	❑ Elbow	❑ Wrist
❑ Finger/Thumb	❑ Hip	❑ Knee	❑ Leg	❑ Ankle
❑ Foot	❑ Lung	❑ Other _____		

Type of Injury:

❑ Bruise	❑ Laceration	❑ Dislocation	❑ Fracture	❑ Puncture
❑ Sprain/Strain	❑ Burn	❑ Exposure	❑ Struck by/against	❑ Lifting
❑ Slip/Fall	❑ Pinch	❑ Bite	❑ Repetitive	❑ Dermatitis
❑ Inhalation	❑ Other _____			

Was medical care required at the time of the injury? ☐YES ☐NO

If yes, name of doctor or facility?_____

Witnesses to injury	Phone Number
_____	_____
_____	_____
_____	_____

In addition to this position, do you work for any other organization? ☐YES ☐NO

If yes, name of the organization and your normal workhours:_____

_____

Your normal work duties:_____

_____

_____

_____

Who did you notify about this incident?_____

Date notification made?_____

Do you have any recommendations on how this incident could have been avoided?_____

_____

_____

_____

Employee Signature:_____ Date:_____

SUPERVISOR SECTION

Supervisor's Name_____ Job Title_____

Phone Number_____ Cell Phone_____

At the time of the incident was the employee performing a job related function?_____

Who gave the employee the job assignment?_____

What training had been provided to the employee for this assignment?_____

What safety equipment was in use at the time of the incident?_____

Did you interview the employee or any witnesses at the time of the incident?_____

Could this incident have been avoided and if so how?_____

What corrective action has been taken involving this incident?_____

Supervisor's Signature:_____ Date:_____