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| CY2024 INCIDENT REPORT  **Response due May 1, 2025** | | |
| Fatality, Eye Loss, Amputation, Hospitalization, Incident Report  Complete one Form per Incident  Agency: Incident Date:  Incident Description:  Work-Related?  Total Number of People Impacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If more than 1 person is involved, please indicate on the right how many per category. Example scenario: A car falls off a bridge, driver dies, and 2 passengers are hospitalized. List the incident as 3 people: 1 F, 2 H. Be sure to count each victim ***only*** *once* – so if the driver was hospitalized for three weeks before dying, list the driver only once: as one fatality.] | |  |
| Type of Incident:  Insert number of each type of injury/illness. Choose the most severe for each person involved. Types are listed below by severity.  Fatality  Eye Loss  (Defined as the physical removal of an eye.)  Amputation/Partial Amputation  (includes fingertip amputations with or without bone loss, medical/surgical amputations, body parts later reattached)  Hospitalization  (Defined as admitted to the hospital for treatment, not visiting the emergency room, or admitted only for observation.) |
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| **Describe the work environment and operations:** |  | |
| **Describe the incident including possible causes:** |  | |
| **Was an accident investigation conducted?** |  | |
| **If yes, what were the investigation results?** |  | |
| **Were corrective actions taken?** |  | |
| **If yes, what were the actions?** |  | |
| **Were programmatic changes made?** |  | |
| **If yes, what were the changes?** |  | |