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| CY2024 INCIDENT REPORT**Response due May 1, 2025** |
| Fatality, Eye Loss, Amputation, Hospitalization, Incident ReportComplete one Form per IncidentAgency: 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?** |  |