



## TOWN OF ULYSSES

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Town Supervisor (607) 387-5767, Ext 232 • supervisor@townofulyssesny.gov  
Town Clerk (607) 387-5767, Ext 221 • clerk@townofulyssesny.gov

### Incident Reporting Form – Purpose/Procedure Page

**Purpose:** The incident reporting form will be used to document any health and safety events, including workplace violence, to better understand how the Town might improve health and safety conditions for its employees. The Health and Safety Committee will review incident reports and determine what, if any, action might need to be taken by the Town to further prevent injury to employees or damage to Town property.

**Procedure:** The incident reporting form is used to document any event that caused or might have caused injury or damage to a person, equipment, building, or materials. **This form does not substitute for C2-F (first report of injury), which must also be completed immediately whenever there is an injury to an employee.**

- It is the responsibility of both the employee and the supervisor to ensure that an incident reporting form is completed whenever an event, as described above, occurs.
- Ideally, the report should be completed by the supervisor and the employee together, however employees may seek assistance from the Bookkeeper directly.
- If more than one employee is directly involved, an incident report should be completed by each employee.
- Both the employee and the supervisor should sign the form to acknowledge their agreement with the facts as stated.
- If there is disagreement between the employee and the supervisor, a separate statement may be attached documenting such.
- If witnesses are identified, a separate written account from each witness should be obtained and attached to the form.
- If outside parties are directly involved in the incident, a written statement documenting the incident should be obtained from them if possible.
- Incident reporting forms along with accompanying documentation, such as written statements from witnesses and outside parties, should be submitted to the Bookkeeper as soon as possible following the incident.
- The bookkeeper will forward the incident reporting information to the Town Supervisor and the Health and Safety Committee.
- Employee confidentiality will be maintained to the extent possible.

**Please contact the Bookkeeper for any assistance needed with the incident reporting form or completing the C2-F for employee injuries. All reports and witness statements must be returned to the Bookkeeper.**

**Role of the Health and Safety Committee:** The role of the Health and Safety Committee is to review incident reporting to update risk assessment and determine if changes in policies and/or procedures, buildings, equipment, or materials are necessary to prevent injury to persons or property. The confidentiality of persons involved will be strictly maintained.



## Incident Reporting Form (page 1)

**(Check one):**

An incident is an event, including workplace violence, that caused injury to a person and/or damage to equipment, building or materials.

A near miss is an event, including workplace violence, that could have caused injury to a person and/or damage to equipment, building or materials.

Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Name and job title of the employee involved in the incident/near miss:

\_\_\_\_\_

Witness(es) and Other Involved Persons:

\_\_\_\_\_

Please attach a written account of the incident from each witness identified and ensure that every involved person completes an incident report.

Date of incident/near miss: \_\_\_\_\_ Time of incident/near miss: \_\_\_\_\_ a.m./p.m.

Department and location where the incident/near miss occurred:

\_\_\_\_\_

Employee's shift on the day of the incident/near miss (from) \_\_\_\_\_ a.m./p.m. (to) \_\_\_\_\_ a.m./p.m.

Did an injury occur?  Yes  No

Nature of the injury (strain, cut, bruise, etc.): \_\_\_\_\_

\_\_\_\_\_

Body part(s) affected: \_\_\_\_\_

Medical treatment required?  Yes  No

If yes, what type?  First aid on-site  Express care  Doctor  Hospital

Name of the facility, hospital or physician: \_\_\_\_\_

Was the employee hospitalized overnight as a patient?  Yes  No



## Incident Reporting Form (page 2)

Did the employee leave work early due to the injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what time? \_\_\_\_\_ a.m./p.m.

Date the employee returned to regular duty: \_\_\_\_\_

Date the employee returned with light duty restrictions: \_\_\_\_\_

Describe the incident fully: (use another page, if necessary, attach photographs, or sketch on back if needed to clarify):

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Describe the work area:

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List all equipment, machinery, materials, or chemicals the employee was using when the event occurred:

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Identify the factors that you believe contributed to or caused the incident:

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**Complete this section if an injury occurred or there was damage to equipment, buildings, or materials.**

Were proper procedures being followed when the incident occurred? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no explain: \_\_\_\_\_

Was the employee wearing proper personal protective equipment? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

If no explain: \_\_\_\_\_



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### Incident Reporting Form (page 3)

Are changes necessary to prevent reoccurrence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forward this form to the Bookkeeper as soon as possible following the incident or near miss.**

**Note: If an employee is injured in any way, the C2-F form will need to be filled out immediately and forwarded to the Bookkeeper along with the incident report so a workers' compensation claimed can be filed.**