

INCIDENT REPORTING FORM

Send all pages to: safety@fargoparks.com



Check All That Apply

- Injury to Employee
 - Complete Section A & Section B
- Injury to someone from the Public
 - Complete Section A & Section B
- Equipment/Vehicle/Property Damage
 - Complete Section A & Section C
- Conflict-Verbal/Physical
 - Complete Section A

Name of Person
Completing the Report _____

Signature _____

Date _____

SECTION A

Date of Incident _____ Time _____ AM _____ PM

Location of Incident _____

Detailed Description of Incident _____

Supervisor Name _____ Was Director Notified _____ Yes _____ NO

Witnesses:

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

SECTION B

Name of Injured Person _____

Detailed Description of Extent of Injury and Body Part(s) Injured (i.e. – left hand burned at base of ring finger)

Was Medical Attention Sought _____ Yes _____ No

➤ **Employee Only: Please bring papers you received from treating physician or facility to HR as soon as possible.**

SECTION C

NAME OF PERSON/PEOPLE INVOLVED

Name: _____ Address _____ Phone No _____

_____ Employee _____ General Public

Name: _____ Address _____ Phone No _____

_____ Employee _____ General Public

Operator of Damaged Park District Equipment/Vehicle _____

What is the Equipment / Vehicle Make, Year, VIN, Asset No. _____

Detailed Description of Accident/Damage

Did Road Conditions Play a Factor _____ Yes _____ No If yes, please explain _____

Did Weather Conditions Play a Factor _____ Yes _____ No If yes, please explain _____

Were Photos Taken of Damage _____ Yes _____ No Please attach when submitting this form.

Were Police Notified _____ Yes _____ No If yes, did you receive police report? _____ Yes _____ No

Was Employee sent for Drug/Alcohol Testing _____ Yes _____ No

FOR OFFICE USE ONLY

Filed with WSI Date _____

Time _____ AM _____ PM