

GOODWILL HAWAII

COMPANY CONFIDENTIAL

ACCIDENT/INCIDENT REPORT

(Please print or type. Must be completed by Manager, in full, within 24 hours of accident or incident and EMAILED TO SAFETY1@HIGOODWILL.ORG)

LOCATION/ADDRESS OF INCIDENT: _____

EMPLOYEE/CUSTOMER NAME: _____ PHONE CONTACT: _____

ADDRESS: _____ GENDER: _____

POSITION: _____ YEARS ON JOB: _____

SHIFT START TIME: _____ SHIFT END TIME: _____

INCIDENT DATE: _____ INCIDENT TIME: _____

DATE REPORTED: _____

WITNESS NAME: _____ PHONE CONTACT: _____

Check all that apply:

<input type="checkbox"/> Fatality	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Return to regular job
<input type="checkbox"/> No Injury, Incident Only	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Reported to Security/Police
<input type="checkbox"/> On-Site First Aid	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Reported to Other
<input type="checkbox"/> Medical Treatment		

(Please complete all sections thoroughly. Use page 3, if necessary)

1. Where did the accident/incident occur? Please be specific.

2. What happened? Describe what/how incident occurred. Use additional sheet if necessary.

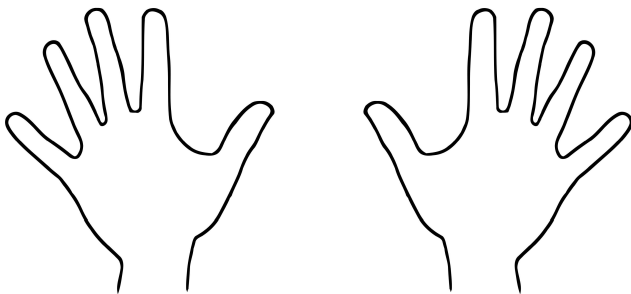
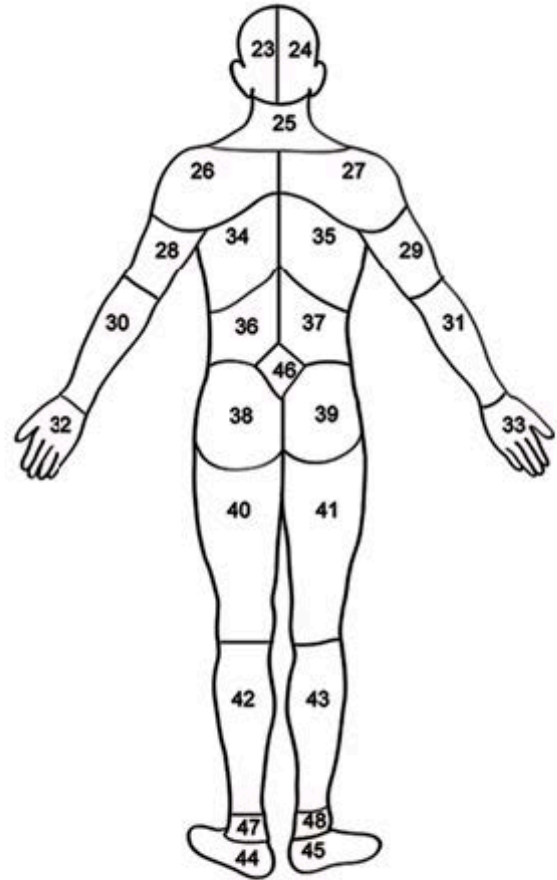
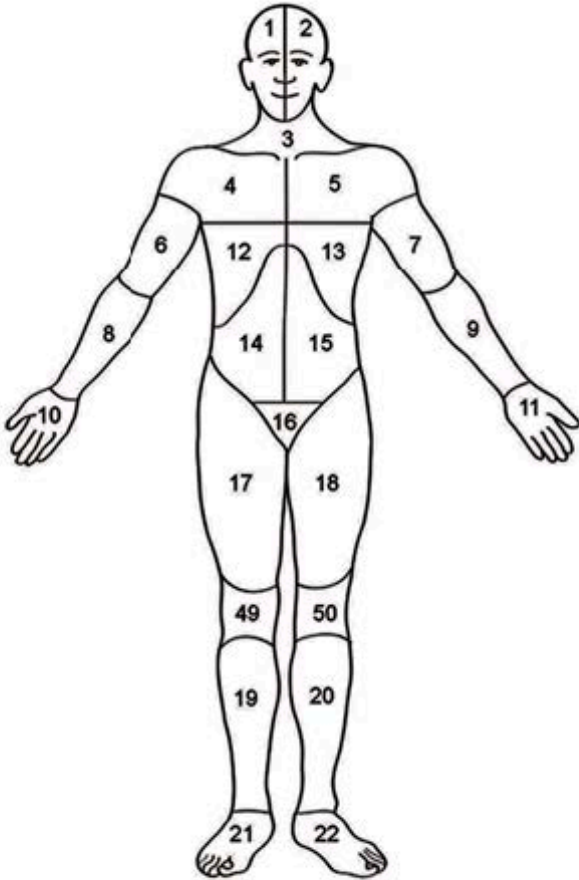
3. Describe injury and specific part(s) of the body affected. (Use the diagrams on page 2 to aid in your description)

4. Why did it happen? Identify root cause. State contributing factors: people, material, equipment, policies.

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MARK AREAS OF INJURY:



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5. What action has been Taken (T) or is Planned (P) to prevent this from happening again? *(Please check all that apply and show in the table below who is responsible for completing the action and the target/completion dates.)*

- | | | | | | |
|-------|-------|--------------------------------|-------|-------|-----------------------------------|
| T | P | Retraining | T | P | Update existing procedure |
| _____ | _____ | Develop written procedure | _____ | _____ | Improve environmental conditons |
| _____ | _____ | Improve inspection procedure | _____ | _____ | Require proper PPE |
| _____ | _____ | Improve housekeeping | _____ | _____ | Repair/Replace equipment |
| _____ | _____ | Improve guarding/safety device | _____ | _____ | Improve enforcement/discipline |
| _____ | _____ | | _____ | _____ | Other Corrections (Explain below) |

CORRECTIVE ACTION TAKEN OR PLANNED	RESPONSIBLE PERSON (Name)	TARGET COMPLETION DATE	DATE ACTUALLY COMPLETED

6. Additional Information Valuable to the Investigation:

7. Witness Satements:

SIGNATURE OF PERSON REPORTING: _____ DATE: _____

PRINT NAME AND POSITION: _____

SIGNATURE OF INJURED EMPLOYEE, CUSTOMER OR CLIENT: _____ DATE: _____

PRINT NAME & {EMPLOYEE, CUSTOMER, CLIENT (circle one)} _____

