

EMPLOYEE INCIDENT REPORT

INCIDENT TYPE:

WORK-RELATED INJURY WORK-RELATED ILLNESS AUTO/FLEET
 GENERAL LIABILITY PROPERTY

EMPLOYEE MAKING REPORT: _____

TITLE: _____ **DEPARTMENT:** _____

EMAIL ADDRESS: _____ PHONE NO.: _____

EMPLOYEE(S) INVOLVED:

WITNESSES:

DATE INCIDENT OCCURRED: _____ TIME INCIDENT OCCURRED: _____

DATE SHIFT STARTED: **TIME SHIFT STARTED:**

DATE THE INCIDENT WAS REPORTED:

LOCATION OF INCIDENT:

DESCRIPTION OF INCIDENT (CONTINUE ON SECOND PAGE IF NECESSARY):

WAS THE INCIDENT PREVENTABLE? YES NO

EMPLOYEE ACTIVITY JUST BEFORE THE INCIDENT: _____

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED? YES NO

FOR EMPLOYEES INVOLVED MENTIONED ABOVE, LIST NAME, DEPARTMENT, EMAIL & PHONE:

FOR WITNESSES MENTIONED ABOVE, LIST NAME, EMAIL & PHONE:

DESCRIPTION OF INCIDENT (CONTINUED):

SIGNATURE: _____ DATE: _____

*Completed incident report with any photographs or other attachments can be emailed to
incidentreporting@nyecountynv.gov or mailed to Nye County Human Resources, 1981 E.
Calvada Blvd, Suite 120, Pahrump, NV 89048.*