

# 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: \_\_\_\_\_

---

EQUIPMENT OR SUBSTANCE INVOLVED: \_\_\_\_\_

---

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED? YES ☐ NO ☐

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? YES ☐ NO ☐

---

---

---

---

---

---

---

---

---

[illegible]

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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