

Member/Intern Name: _____ Service Site: _____

Near-Miss/Incident Report

This incident report is to be completed and submitted to your NYC program coordinator within a 24hrs of the incident or as soon as possible. Report all accidents/injuries, harassment, discrimination, property damage, near miss on the job, or serious personnel issues with staff or co-workers of your service site or NYC staff. When completing the form include objective facts, dates, timelines, and other people involved/witnesses. This will allow HR personnel to follow up with issues and collect important details. **Please email to jessicaj@nwyouthcorps.org if NYC staff are involved.**

Date & Approx. Time:

Location of Accident/Incident:

Site or NYC staff Involved:

Others Involved/witnesses:

Description of Accident/Incident: *Provide a detailed description of the accident/incident.*

Actions Taken: *Describe actions taken, including first aid, emergency procedure, etc.*

Recommended follow up:

Analysis: *Could this have been avoided? What safety equipment/regulations should be considered in the future?*

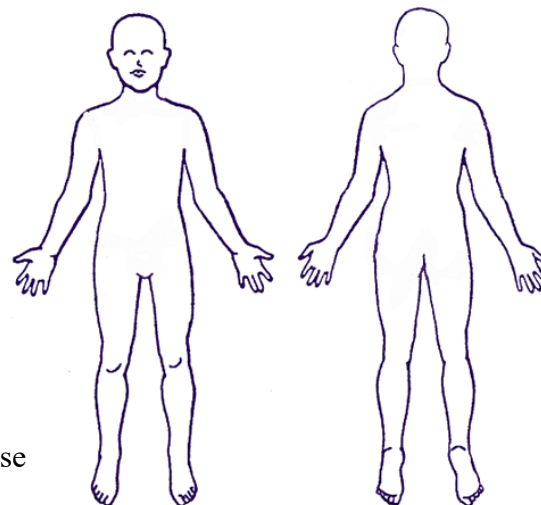
Incident Type: Near Miss Injury/Illness Harassment/discrimination Vehicle/Driving property damage Personnel issue

Environment: Office Backcountry Urban Special event Work travel

Injury Type:

- Abrasion
- Blister
- Sprain/Strain
- Laceration
- Poison Oak
- Insect Sting
- Insect Bite
- Fracture
- Head Injury
- Dislocation
- Burn (non-sun)
- Sunburn
- Contusion
- Crush Inj.
- Other _____

Injury Area (Please circle)



Illness Type:

- Gastro/Intestinal
- Abdominal Pain
- Diarrhea
- Respiratory/Asthma
- Allergy
- Infection
- Dehydration
- UTI
- Fever
- Epi admin.
- Heat Illness
- Hypothermia
- General Malaise
- Other _____

Behavioral:

- Tobacco
- Drugs/Alcohol use
- Other _____
- Mental health
- Threat of violence
- Physical altercation
- Discrimination
- Verbal Harassment
- Sexual Harassment
- Theft
- Insubordination
- Personnel issue
- Vandalism/property damage
- Quit/Terminated

Other:

- Vehicle/Trailer Issue
- Vehicle damage/Accident
- Property/Equipment Damage
- Equipment Failure
- Lost Equipment
- Communication issue
- Forest Fire
- Evacuation of site

OFFICE USE

Collected By: _____

Intern work site: _____ Date: _____

Agency/Org.: _____ Site Supervisor name: _____