

Incident Report

RISK MANAGEMENT DIVISION
 50 E NORTH TEMPLE ST
 SALT LAKE CITY UT 84150-0016
 Phone: 1-801-240-4049
 Fax: 1-801-240-1728

For Use by Risk Management

Claim number

For Use by Safety Manager

OSHA recordable

Yes No

Definition of Incident

An incident is any unplanned event that results in personal injury or in damage to property, equipment, or the environment.

Instructions

If an incident occurs, immediately notify management (if the incident is related to Church employment or operations) or the priesthood leader (if the incident is related to a stake, mission, ward, or other Church activity). If the incident is significant, notify the Risk Management Division as soon as possible but no later than 24 hours after the incident. The individual(s) who investigate the incident or inspect the premises should be sure to gather and safeguard all physical evidence. Take photographs and obtain written details as needed. If applicable, send a copy of this Incident Report to your department safety representative. Keep the original on file for three years. *If filling out this form by hand, please print.*

General Information

| | | |
|--|--|---------------------------|
| Complete name of department, or names of stake and ward, or other Church unit identification | | Date and time of incident |
| Name and title of person in charge | Phone numbers (with area codes) Home _____ Work _____ | |
| Location or complete address where incident occurred | | Date of this report |

Description of Incident Give a short summary of what happened (who, what, where, when, how). Attach photos if possible. Attach additional sheet if needed.

Medical information (check all that apply)

No medical treatment Minor first aid at location Emergency or hospital care Fatality

Person(s) Injured (and others who have knowledge about the incident). Include complete address with postal code. When appropriate, obtain separate signed and dated statements from the injured party and witnesses (see Incident Report Addendum—Witness Statement). Attach additional sheet if needed.

| | | | | |
|--|---|---|---|-----------------------------------|
| Name of injured person or other involved party | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Involved in incident <input type="checkbox"/> Witness of incident | <input type="checkbox"/> Missionary or volunteer <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Employee |
| Complete address | Phone numbers (with area codes) Home _____ Work _____ | | | |
| Additional name(s) | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Involved in incident <input type="checkbox"/> Witness of incident | <input type="checkbox"/> Missionary or volunteer <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Employee |
| Complete address(es) | Phone numbers (with area codes) Home _____ Work _____ | | | |

Cause Analysis Considering your preliminary investigation, describe the main factor(s) that contributed to the incident, including relevant action(s) or inaction by the injured or involved party. Attach additional sheet if needed.

Remedial Measures Describe what steps were or will be taken to reduce potential recurrence. Attach additional sheet if needed.

| | |
|----|---------------------------|
| 1. | Estimated completion date |
| 2. | Estimated completion date |

Signatures and Contact Information

| | | |
|--|--|-----------------------------------|
| Preparer's name and title (please print) | | Preparer's phone (with area code) |
| Preparer's signature | Signature of supervisor, manager, or priesthood leader | |