



County of Monterey Report of Employee Incident

<input type="checkbox"/> Property Damage	<input type="checkbox"/> Illness	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Spill
<input type="checkbox"/> Vehicle Incident	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Other

Department	Supervisor's Name	Date of Report
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Employee Name	Job Title	Employee ID#	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address	City	State	Zip Code	Phone Number
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Years on this job	Date of Hire	Date of Incident	Date Last Worked	Time of Incident __AM__PM	Address/Location of Incident
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Describe the task being performed and the PPE being worn at the time of incident:

How did this incident/near miss occur? (Describe what happened before, during and after the incident.)

Who else was involved:

Who saw/heard what happened? List all witnesses.

Describe what part(s) of your body was affected and the symptoms you presently have.

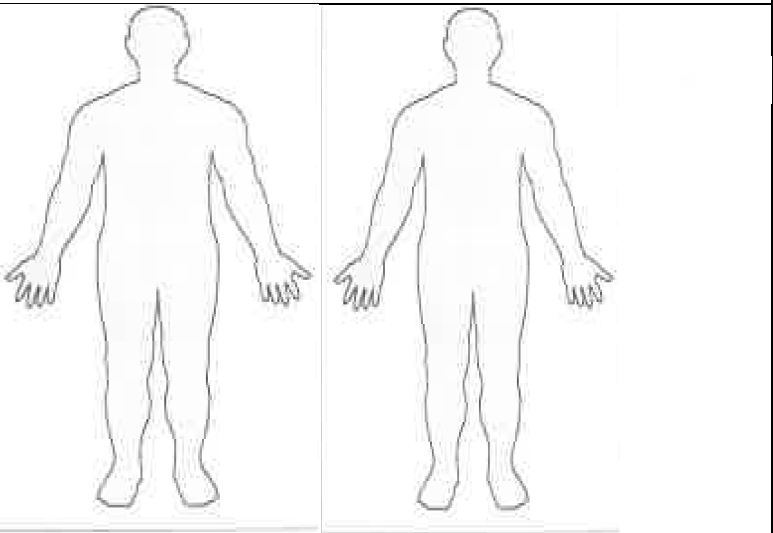
Do you plan to see a doctor?

Yes

No If "no", explain why not at this time?

Make a diagram of the event on the back of this page or on an attached sheet of paper, illustrating the property damage or near miss incident.

<ul style="list-style-type: none"> ■ On the diagrams below mark an (x) on the places you have visible injury. ■ Draw a circle on the area of discomfort. 	Did this incident happen at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Front

Back

The statement and events described above are true to the best of my knowledge.

Employee Signature **Date and Time**

I acknowledge receipt of this report and verify that it was prepared by the employee.

Supervisor's Signature **Date and Time**

Supervisor: Attach completed Privileged and Confidential Incident Investigation Report to County Counsel.