

FACILITIES SERVICES INCIDENT INVESTIGATION

(All fields must be completed within 48 hours of incident)

Date of Incident: _____ Time of Incident: _____

Name of Employee(s) Involved: _____ Penn ID#: _____

Job Title: _____ Contact Number for Employee(s): _____

Location of Incident (Building/Room Number): _____

Was Employee working alone? Yes No If no, with whom? _____

Supervisor's Name: _____

Manager's Name: _____

Describe Injury or Illness: _____

Did Employee(s) Receive Medical Treatment? Yes No

If yes, Where: _____ When: _____

Physical Damages: _____

Incident Description: _____

Factors Contributing to the Incident: (include weather when appropriate.) _____

Protective Equipment: (Answer "Y" for yes, "N" for no and "N/A" for not applicable.)

	<u>Worn</u>	<u>Available</u>		<u>Worn</u>	<u>Available</u>
Gloves	_____	_____	Protective Clothing	_____	_____
Safety Glasses	_____	_____	Rubber Boots	_____	_____
Goggles	_____	_____	Slip Resistant Shoes	_____	_____
Face Shield	_____	_____	Steel Toe Shoes	_____	_____
Respirator	_____	_____	Other _____	_____	_____
Hard Hat	_____	_____	Other _____	_____	_____

What tools or equipment were being used? (Specify.)

Power Tools _____ Hand Tools _____

Ladder _____ Scaffolding _____

Other _____

What procedures were being used? (Check all that apply.)

Lockout/Tagout Confined Space Entry Other _____

If lifting was involved, what was being lifted? Specify: _____ Weight: _____

Actions Taken to Prevent Reoccurrence: _____

Supervisor who Perform Report: _____ Date: _____ Time: _____

Manager who Reviewed Report: _____ Date: _____ Time: _____

Director who Reviewed Report: _____ Date: _____ Time: _____

Copy Sent To EHRS _____ Date: _____

Comments received from EHRS on the Incident Report findings:

Date EHRS Comments Received: _____

Copy Sent to FES _____ Date: _____

Comments received from FES on the Incident Report findings:

Date FES Comments Received: _____