



OSHA Recordkeeping Incident Report -
Regarding Incidents Involving Temporary Staffing Agency
Employees In-Service to SPPS

***SPPS Personnel: Use this form to report incidents involving temporary staffing agency employees ONLY (e.g. Indrotec, Industrial Staffing, etc.), which occur on SPPS' premises during service to SPPS.**

Complete all sections and submit to SPPS Facilities Department:

- via facsimile to # 651.744.1867
- via interoffice mail to Facilities Dept, District Service Facility, 1930 Como Avenue
- via US mail to SPPS Facilities Dept, District Service Facility, 1930 Como Avenue, St Paul, MN 55108

****THIS IS FOR OSHA RECORDKEEPING PURPOSES ONLY. [FOR FILING A WORKERS' COMPENSATION CLAIM, TEMPORARY STAFFING AGENCY EMPLOYEES MUST CONTACT THEIR EMPLOYING AGENCY DIRECTLY.]**

Information About the Temporary Staffing Agency Employee

Temporary Staffing Agency - Employer: _____ (e.g. Indrotec, Industrial Staffing, etc.)
Full name of temporary worker: _____
Home address: _____ City: _____ State: _____ Zip: _____
Date of birth: _____ (month/day/year) Date hired by staffing agency: _____ (month/day/year)
☐ Male ☐ Female

Information About the Incident

Date of incident: _____ Time of incident: _____ ☐ AM ☐ PM Time worker began shift: _____ ☐ AM ☐ PM
Name of SPPS site where incident occurred (e.g. name of school or building): _____
Street address of SPPS site where incident occurred: _____
What was worker doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the worker was using: _____

What happened? Describe how the injury occurred: _____

What body part(s) were involved? Describe the injury itself: _____

Was first-aid rendered? ☐ NO ☐ YES If yes, specify type rendered and by whom: _____
Was injured transported to clinic? ☐ NO ☐ YES Was injured transported to hospital? ☐ NO ☐ YES
If yes, by whom transported? _____
If yes, list clinic or hospital name: _____

***SPPS Personnel Completing Report**

Name: _____ SPPS title: _____
Work telephone or email address: _____ Date of Report: _____