Incident/Accident/Hazard Report Form

Reporting a (circle one): Incident Accident Hazard

Person Involved: _____ Male: _____ Female:_____
(Last Name) (First Name) (Middle Initial)
Local Home Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Phone: _____ Job Title: _____

Employee Social Security Number: _____- _____-_____ Date of Hire at Tupelo Airport: ____/____/____

Years of Experience in Present Position: _____

Time employee began work: _____ am/pm

Time of accident/incident/hazard: _____ am/pm

Date of accident/incident/hazard: ____/____/____

Where did the incident occur? Building: _____ Apron: _____ Other: _____

What was the employee doing just before the accident/incident/hazard occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "Fueling specific aircraft"; "Mowing taxiway on John Deer."

What happened? Tell us how the accident/incident/hazard occurred. *Examples:* "Damaged fuel tank."; "Worker was sprayed with gas when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Names and addresses of witnesses to the accident/incident/hazard.

If an injury continue below.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "scalp laceration."

_____

_____

_____

_____

Injury description (fill-in blank or circle choice):

Body Part(s) Involved: _____ AND

(Circle as appropriate) left right upper lower top bottom

Type of injury/illness (e.g. cut, strain, crush, etc.): _____

Indicate Medical Treatment Required (answer each question):

	YES	NO	
a. First Aid Given?	☐	☐	By Whom: _____
b. Treated by Doctor?	☐	☐	Who: _____
c. Treated in Emergency Room?	☐	☐	Where: _____
d. Hospitalized Overnight?	☐	☐	Where: _____

Date Employee will Return to Work: ____/____/____ **OR Anticipated Date**: ____/____/____

What object or substance directly harmed the employee? Examples: "concrete floor"; "Jet-A"; "ladder." If this question does not apply to the incident, write "NA".

_____

_____

If the incident involved a fatality, Date of Death: ____/____/____ AND contact Airport Manager immediately.

Describe any corrective actions taken or to be taken as a result of this incident:

_____

_____

_____

_____

_____

_____

_____

_____

Supervisor's Signature: _____ Date: ____/____/____

Any Additional Information: