



**TOOELE CITY  
SAFETY PROGRAM  
INCIDENT REPORT FORM**

NAME OF EMPLOYEE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ LOCATION OF INCIDENT \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_

*Check box that applies to incident being reported:*

- THREAT
- BOMB THREAT
- ROBBERY
- VEHICLE ACCIDENT
- WORKPLACE ACCIDENT  
(Also complete a Workers Compensation Claim Form)

- UNSAFE ACTS/WORK PROCESSES
- HAZARDOUS WORKPLACE CONDITION
- ASSUALT OR VIOLENT ACT  
FIRE OR EXPLOSION
- OTHER \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION \_\_\_\_\_

WHO WAS INVOLVED (If individuals names are unknown include description, gender, structure, and other notable features)

WHERE (Include site layout on back) \_\_\_\_\_

WHY \_\_\_\_\_

HOW \_\_\_\_\_

WHAT DID YOU DO? \_\_\_\_\_

WERE THE POLICE CALLED?  Yes  No WHAT WERE THEIR INSTRUCTIONS/COMMENTS: \_\_\_\_\_

NUMBER OF PERSONS AFFECTED \_\_\_\_\_ THIRD PARTY OR NON-EMPLOYEE INVOLVEMENT  Yes  No

WERE THER ANY WITNESSES?  Yes (If so, have them complete an incident forma as well)

NAME(S) & PHONE NUMBER(S) OF WITNESSES \_\_\_\_\_

SUBMITTED TO \_\_\_\_\_ DATE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

WAS LEGAL COUNSEL ADVISED OF THE INCIDENT? \_\_\_\_\_

(Attach a separate sheet if necessary)