TDI Brooks

Revision May 2013

Name of Vessel / Facility_____

Supervisor's Incident Report Form

Entered into NS5 Quality & Compliance section as incident # _____

Title of incident _____

Name of Supervisor completing this report _____

This is a report of a:	__ Near Miss	__ First Aid Only	___ Illness	___ Chemical Exposure
	___ Initial Dr/ Hospital visit	___Follow up Dr/ Hospital visit		___ Fatality
	___ Equipment Damage	___ Equipment Failure		___ Equipment Loss

Date of incident:	Date of report:

Was employee working full or part time when incident occurred? _____

How long has employee been working this position? _____

Were TDI procedures/ PPE in place and used? _____ If not, why?

_____

_____

What caused the event? _____

_____

_____

_____

If an injury/ injuries resulted, complete this section. If not, skip to next section.

Name of Injured Person _____(Circle one) Male Female

Date of Birth _____ Telephone Number _____

Address _____

City _____   State_____   Zip _____

What part of the body was injured? Describe in detail. _____

_____

What was the nature of the injury? Describe in detail. _____

_____

Was employee on or off shift, traveling to or from work site at time of injury?

_____

What equipment, chemicals, tools were being used by the employee?

_____

_____

Did injury occur because of:

_____Substance abuse _____ Failure to use safety devices/ PPE ____ Failure to follow procedures

Was employee taken to a doctor's office for evaluation/ treatment? _____

Was employee treated in an Emergency Room?   _____

Was employee hospitalized overnight as in-patient? _____

Name and Address of treating practitioner and hospital

_____

_____

_____

Was employee unable to work as a result of injury? _____ If yes, what was employee's first day unable

to work? _____ Date of return to work?_____

If still off work, what is estimated date of return? _____

If the incident is related to equipment damage, failure or loss, complete this section.

List major equipment involved: _____

_____

Did the equipment have any known defects/ damage before this event occurred? _____

If yes, describe: _____

_____

List any other possible contributing factors to the event- weather, employee experience/ training, off spec

procedures, communications, etc. _____

_____

Was a new JSA required/ held to handle this incident? _____

How was the equipment repaired/ recovered? _____

_____

_____

If not recovered, record the location of equipment here:

_____

Recommended action to prevent future reoccurrence:

_____

_____

_____   _____

Supervisor Signature   **Date**