

Operation Threshold Incident/Accident Report Form

To be completed by an OT staff person (ideally one who witnessed or was involved in the incident)

Name of person(s) involved: _____

Address (if non-employee): _____

Phone Number(s): _____

Date of occurrence: _____ Time of occurrence: _____

Specific location: _____

Witness(es) to incident: _____

Name

Address/phone#

Name

Address/phone#

Describe the detail of the incident and action taken: _____

End result: _____

Report prepared by: _____

Name

Position

Date

I have read and agree with this report: _____

(Signature of person involved)

Forward this completed form to Human Resources.