



## Supervisor's First Report of Incident

Date of Incident:	Day of Week:	Time of Incident:	<input type="checkbox"/> am <input type="checkbox"/> pm	Date of Report:
Department:	Location of Incident:			
Type of Incident: <input type="checkbox"/> Spill <input type="checkbox"/> Ignition <input type="checkbox"/> Near Miss <input type="checkbox"/> First Aid <input type="checkbox"/> Injury Accident				
Name of Primary Person Involved (or person injured in incident):				
Number of Hours Primary Person Involved had Already Worked on this Shift before the Incident Occurred:				
Describe What Happened:				
Materials/Equipment Involved:				
Responding Personnel:				
Emergency Response Supplies Used: <input type="checkbox"/> Dry Chem F. Ext. <input type="checkbox"/> Booms <input type="checkbox"/> Pads <input type="checkbox"/> Other (list)				
Personal Protective Equip Used by Responders: <input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Safety Glasses/Goggles <input type="checkbox"/> Suit <input type="checkbox"/> Boots <input type="checkbox"/> Other (list)				
Spill Response:	Amount Spilled:	Time Required for Clean-up:		
Anyone Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, List Specific Nature and Extent of Injury or Illness. Include Treatment Received. Enter Doctor's Name and/or Facility:				
If injury is OSHA Recordable: <input type="checkbox"/> Med. Treat. Case <input type="checkbox"/> Restri. Work Case <input type="checkbox"/> Away From Work Case				
Employee Involved:		Department Manager:		
Investigating Supervisor:		Site Manager:		
Safety Department:				

Submit First Report **before end of day that the incident occurred** by e-mail to the FM Director, Associate FM Director, Associate VP of Operations and Sustainability, Public Safety, People Services, the Director of Environmental Safety & Health and all FM Team Leaders. Submit a signed first report to the Safety Dept. within 72 hours of the incident. Incident investigation must be initiated within 4 working days of incident.

This section is for Safety & Environmental Department use only		
Based on a review of incident response, do any procedures, plans or training need updating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Based on the risk (severity & likelihood) of the incident, is an 5Y needed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	