INCIDENT REPORT

Completed by Site Protection Division (code 65200) Personnel (Rover) on scene

PERSONAL INFORMATION OF INJURED PERSON	
NAME:	WORK PHONE NUMBER:
DEPARTMENT AND CODE:	JOB TITLE:
WORK LOCATION*:*	
INCIDENT INFORMATION	
INCIDENT DATE:	INCIDENT TIME:
INCIDENT LOCATION:	

TYPE OF INCIDENT

☐ MAN DOWN** ☐ PERSONAL VEHICLE ACCIDENT ☐ GOVERNMENT VEHICLE ACCIDENT

☐ PHYSICAL ALTERCATION ☐ MISSING PERSONAL PROPERTY ☐ MISSING GOVERNMENT PROPERTY

☐ VERBAL ALTERCATION ☐ OTHER *(describe)* _____

COMPLETE THIS BLOCK FOR "**MAN DOWN**" ONLY

WAS THE EMPLOYEE'S LOCAL UNION/EMPLOYEE REPRESENTATIVE NOTIFIED?

☐ YES ☐ NO ☐ N/A NAME OF UNION REPRESENTATIVE *(if applicable)*:

WERE YOU SINGLED OUT OR WAS THE VIOLENCE DIRECTED AT MORE THAN ONE INDIVIDUAL?

WERE THERE INJURIES? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY TYPE OF INJURIES:

DID POLICE RESPOND TO INCIDENT? ☐ YES ☐ NO

POC FOR BASE POLICE:

POLICE REPORT (DESK JOURNAL) FILED? ☐ YES ☐ NO

REPORT NUMBER:

DID RESCUE RESPOND TO INCIDENT? ☐ YES ☐ NO

RESCUE ACTIONS TAKEN *(check all that apply)*

☐ TRANSPORTED ☐ TREATED ON SCENE ☐ SENT HOME

☐ REFUSED TRANSPORT ☐ GOING TO OWN DOCTOR ☐ OTHER *(describe)* _____

☐ REFUSED ALL TREATMENT ☐ RETURN TO WORK _____

WAS SUPERVISOR NOTIFIED? ☐ YES ☐ NO SUPERVISOR'S NAME *(if notified)*:

DESCRIBE THE INCIDENT:

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WERE YOU ALONE WHEN THE INCIDENT OCCURRED? ☐ YES ☐ NO	
WERE THERE ANY WITNESSES TO INCIDENT? ☐ YES ☐ NO	
NAMES AND PHONE NUMBERS OF WITNESSES:	
WERE THERE ANY CONTRIBUTING FACTERS? ☐ YES ☐ NO SPECIFY:	
ARE THERE ANY MEASURES IN PLACE TO PREVENT SIMILAR INCIDENTS? ☐ YES ☐ NO SPECIFY:	
HAS CORRECTIVE ACTION BEEN TAKEN? ☐ YES ☐ NO SPECIFY:	
PERSONAL INFORMATION OF PERSON REPORTING INCIDENT	
NAME:	WORK PHONE NUMBER:
DEPARTMENT:	JOB TITLE:
WORK LOCATION:	
COMMENTS:	
SECURITY PERONNEL INFORMATION	
NAME OF ROVER:	
NAME OF MONITOR ON DUTY:	
DATE AND TIME INCIDENT REPORT COMPLETED: DATE:	TIME:

All fields are required

Complete all required fields and mark unused optional fields with N/A.