Clear Form

This Form Is Not To Be Used To Report Employee Injuries

County of Riverside Confidential Incident/Accident Report **(Non-Automobile)**

EMAIL

SUBMIT FORM TO:
County of Riverside H.R.Safety Division
3403 10th Street • Riverside, CA 92501 Mail Stop 2170
Ph: 951.955.3520 FAX 951.955.9200
safetydivision@rivco.org

DATE OF REPORT	NOTE (1): Please do not use this report if injured person is an employee. NOTE (2): The employee either witnessing the accident or supervising at the time, should complete and submit this form within 24 hours.

NAME OF INJURED (LAST, FIRST, M.I.)	AGE	PH NUMBER OF INJURED PERSON
IS INJURED PERSON A MINOR? ☐ YES ☐ NO ➔	**NAME OF PARENT OR LEGAL GUARDIAN (IF INJURED IS A MINOR)**	
ADDRESS OF PERSON INJURED (NUMBER, STREET, APT#, CITY, STATE, ZIP CODE)		
WHERE DID ACCIDENT/INCIDENT OCCUR? (Be specific, e.g. front steps, lobby, parking lot, etc…)	DATE (MONTH, DAY, YEAR)	TIME: 12:00 ☐ A.M. ☐ P.M.
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED (USE FACTS ONLY, EXCLUDE OPINIONS AND/OR ASSUMPTIONS). IF NECESSARY, USE ADDITIONAL SHEET(S).		

NAME (FIRST AND LAST) OF PERSON IN CHARGE AT TIME OF ACCIDENT	TITLE	WAS HE/SHE PRESENT AT THE TIME? ☐ YES ☐ NO	INJURED PERSON VIOLATE ANY RULES? ☐ YES ☐ NO

NAME OF WITNESS(ES)	ADDRESS	TELPHONE NO.

NAME OF DEPARTMENT/AGENCY/DISTRICT, ETC.	
ADDRESS (NUMBER, STREET, CITY, ZIP CODE)	TELEPHONE NO.

APPARENT NATURE OF INJURY (PLEASE CHECK)	INJURED PART OF BODY (PLEASE CHECK)
☐ Abrasion ☐ Fracture ☐ Strain/Sprain ☐ Contusion ☐ Cut ☐ Dislocation ☐ Internal ☐ Concussion ☐ Other (explain)_____	☐ Head ☐ Finger ☐ Arm ☐ Abdomen ☐ Neck ☐ Eye ☐ Leg ☐ Hand ☐ Back ☐ Chest ☐ Face ☐ Foot ☐ Other (explain) _____

FIRST AID PROCEDURES USED (IF ANY)	NAME OF PERSON WHO ADMINISTERED FIRST AID (IF KNOWN)

DISPOSITION OF INJURED AFTER INCIDENT/ACCIDENT (IF KNOWN) ☐ Home ☐ Doctor ☐ Hospital	WHO WAS NOTIFIED	RELATIONSHIP TO INJURED (IF KNOWN)
IF INJURED PERSON LEFT PREMISES, TO WHOM RELEASED	PHONE NUMBER (IF KNOWN)	

NAME OF PERSON COMPLETING REPORT	TITLE	TELEPHONE NUMBER OF PERSON
BUISNESSADDRESS OF PERSON (NUMBER, STREET, CITY, STATE, ZIP CODE)		WAS PERSON AN EYE WITNESS ☐ YES ☐ NO
SIGNATURE OF PERSON COMPLETING REPORT		DATE SIGNED
SIGNATURE OF PERSON APPROVING REPORT SUPERVISOR/MANAGER/DEPT HEAD **(IF REQUIRED BY DEPARTMENT)**		DATE SIGNED

Continue on reverse side or next page

CONFIDENTIAL INCIDENT/ACCIDENT REPORT
EQUIPMENT REPORT
(MUST COMPLETE IF EQUIPMENT ALLEGEDLY CAUSED INJURY OR PROPERTY DAMAGE)

USE BLANK SHEET IF NECESSARY

EMPLOYEE'S REPORT

Name (Print) _____
How soon after incident did you inspect location? _____ Location clean? ☐ YES ☐ NO
Dry? ☐ YES ☐ NO Any puddles? ☐ YES ☐ NO Describe lighting _____
Describe location or condition

_____

Does injured person wear glasses (if known)? ☐ YES ☐ NO Type and condition of shoes (if known)? ☐OLD ☐NEW
Where were you when the incident occurred? _____
Did you see the incident? ☐ YES ☐ NO If so, describe fully _____

_____

Injured person's comments and attitude (IF QUESTION NOT APPLICABLE, ANSWER N/A) _____

_____

_____

HOUSEKEEPING/MAINTENANCE REPORT

(TO BE COMPLETED IF INJURED PERSON SLIPPED OR FELL OR IF INCIDENT INVOLVED AN ELEVATOR)

Name (PRINT) _____
Are you responsible for maintaining incident location? ☐ YES ☐ NO If not, who is? _____
If so, describe your time schedule for cleaning location _____ Last time cleaned _____
Time last dressed _____ Floor product used _____
When, before incident, did you last inspect location? _____
Describe its condition _____
Was location clean? ☐ YES ☐ NO Dry? ☐ YES ☐ NO Lighting? ☐ YES ☐ NO
If elevator involved, specify exact one involved _____
Remarks: _____

_____

EQUIPMENT REPORT

(MUST COMPLETE IF EQUIPMENT ALLEGEDLY CAUSED INJURY OR PROPERTY DAMAGE)

Equipment involved (DESCRIBE): _____
Brand Name _____ Model or style number _____
Color _____ Size _____
Date Purchased (If known) Where? _____
Manufacturer _____ Address _____
Condition of equipment: New _____ Used _____ Repaired _____
Approximate date of last service _____
Who has equipment? (NOTE: IF POSSIBLE TRY TO RETAIN THE EQUIPMENT) _____
Describe nature of injury or damage _____

_____

How did it occur? _____

_____

Comments: _____

_____

Name of person taking report _____ Signature _____