



# Incident Report Form

**If this is an emergency, you should call 911 immediately.**

## SECTION I: EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Street Address (including City, State and Zip Code):

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Division: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Employee's Job Position: \_\_\_\_\_

## SECTION II: INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Reported To: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Employee's Description of the Incident:

Witnesses (optional):

### SECTION III: INCIDENT DETAILS

Type of Injury or Exposure:

If "Other," provide description:

Activity Involved: \_\_\_\_\_

If "Other," provide description:

Part of the Body: \_\_\_\_\_

Further Details (if needed):

Side of the Body: \_\_\_\_\_

If "Other," provide description:

Does this employee need immediate medical attention:

Was first aid administered?

### SECTION IV: REPORTED BY

Person Completing Form: \_\_\_\_\_

#### REGARDING THIS FORM:

After clicking the submit button and saving the form, you should see a box referring to sending email. Select the default option, to use Microsoft Outlook and click "Continue." An Outlook window should appear with the fields already completed. Simply click send to forward the email to Human Resources. Should you experience an issue with the submission process, email this form to [incident.report@sfaa.sc.gov](mailto:incident.report@sfaa.sc.gov). Note that Javascript must be enabled on your Adobe software for this form to work properly.