

**Incident Type** (Select from Drop Down)

Other: \_\_\_\_\_

**Location** (\* required field)

Company: \_\_\_\_\_ Field / Facility / OCS Block\*: \_\_\_\_\_ Lease Number: \_\_\_\_\_  
 Exact Location\*: \_\_\_\_\_ Latitude: 0 ' " Longitude: 0 ' "  
 Date of Incident\*: \_\_\_\_\_ Time of Incident\*: \_\_\_\_\_<sup>24 Hour Clock</sup> Date Reported\*: \_\_\_\_\_ Time Reported\*: \_\_\_\_\_<sup>24 Hour Clock</sup>  
 Incident Reported To\*: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person Involved**

Name\*: \_\_\_\_\_ Occupation / Job Title\*: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer\*: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor\*: \_\_\_\_\_ Title: \_\_\_\_\_ e-Mail\*: \_\_\_\_\_ Cell\*: \_\_\_\_\_  
 What was Involved Person doing prior to incident?\* \_\_\_\_\_

**Incident Information\***

**Full Description of Incident.** Describe how the incident occurred. Facts only, no opinions. Include what object or substance caused the incident; what equipment or tools were being utilized; body position of injured/ill person at time of incident; description of any unsafe conditions or acts. Use additional pages if needed.

**Immediate Corrective Action(s) Taken\*:** Describe in detail what was performed to stop the incident from continuing, getting worse and/or make the area safe.

**Prevention\*:** How would involved party prevent a similar incident from occurring in the future?

**Medical Information**

First Aid provided at location of incident? \_\_\_\_\_ By Whom?: \_\_\_\_\_  
 Employee was sent to: \_\_\_\_\_ Other \_\_\_\_\_  
 Name, Address and Telephone Number of Hospital, Physician or other Health Care Provider: \_\_\_\_\_  
 Hospitalized Overnight as an In-Patient?: \_\_\_\_\_ Name and Address of Hospital: \_\_\_\_\_

**Regulatory Agencies Notified**

| Agency | Phone Number | Case Number | Reported To | Reported By | Date | Time | Comments |
|--------|--------------|-------------|-------------|-------------|------|------|----------|
|        |              |             |             |             |      |      |          |
|        |              |             |             |             |      |      |          |

Report Prepared By\*: \_\_\_\_\_ Title\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_ Date\* \_\_\_\_\_