



**EMPLOYEE ACCIDENT, INJURY OR ILLNESS REPORT**  
**FOLLOW-UP REPORT**

Today's Date: \_\_\_\_\_ Incident Report ID: \_\_\_\_\_ -- \_\_\_\_\_  
MMDDYY Employee Last Name

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Project Name: \_\_\_\_\_

**FOLLOW-UP ACTIONS**

Action taken for every incident reported:

- 1. Investigation performed
- 2. Employee Advised/Warned
- 3. Accident Investigation reviewed by Safety Committee
- 4. Accident information released to employees

Special actions taken:

- 1. Employee disciplined
- 2. Policy revised/amended
- 3. Policy revisions issued to all employees
- 4. Additional training offered
  - 1. From vendor/supplier
  - 2. At Tool Box Topic
  - 3. Literature only (handouts/pamphlets)
  - Other: \_\_\_\_\_

**REPORT PREPARER INFORMATION**

Report Prepared By:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Time: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_