

INCIDENT REPORT (IR)

IMPORTANT: You must enter the SFR ID exactly as you received it to access the incident report form.

Example: "SFR-123"



OPEN IR

URL: bit.ly/45BX2ro

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EMPLOYEE INFO

Provide the following information:

- Employee Full Name
- Coyote ID
- Affiliation
- Department
- Date of Hire



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DESCRIBE INCIDENT

Provide the following information:



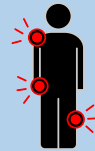
Date of injury



Incident type & description



Location



Body part(s) affected



Treatment provided



Supervisor findings

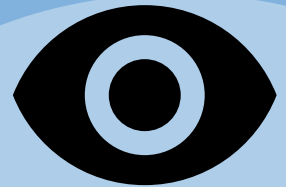
3

EYE WITNESS STATEMENTS

Paste in text box or attach statements to bottom of form.
Provide full name & contact information of the witnesses

Employee Statement: Summary of events from perspective of employee

Witness Statement: Summary of events from perspective of observer



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ROOT CAUSE & ACTION PLAN

Select the applicable cause(s) for DIRECT, INDIRECT, and BASIC cause types.

- Identify action items to prevent reoccurrence
- List individual(s) responsible for completing action
- Indicate anticipated completion date of action item

EHS manager will follow up to ensure the deadline has been met

