

Report No. _____
(RM Use)

STATE OF HAWAII
INCIDENT/ACCIDENT REPORT
(INFORMATION ON INJURY/SAFETY/HEALTH MATTERS)

INCIDENT: EVENT OR SITUATION WHICH MAY OR COULD HAVE RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE

ACCIDENT: EVENT OR SITUATION WHICH RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE

RULES FOR HANDLING REPORT

1. **NEVER ADMIT LIABILITY!** AVOID SAYING THAT THE EVENT OR SITUATION WAS UNSAFE, DANGEROUS, HAZARDOUS, INADEQUATE, UNPROFESSIONAL, SUBSTANDARD, OR OTHERWISE DEFICIENT.
2. REFER TO THE INCIDENT OR ACCIDENT AS AN UNFORTUNATE EVENT OR SITUATION.
3. ASK QUESTIONS TO GATHER PERTINENT FACTS AND TO CLARIFY IMPORTANT POINTS.
4. REVIEW YOUR UNDERSTANDING OF THE INCIDENT OR ACCIDENT WITH THE CALLER.
5. INFORM THE CALLER THAT THE MATTER WILL BE INVESTIGATED PROMPTLY AND THAT FOLLOW-UP WILL BE MADE.
6. EXPRESS SINCERE THANKS FOR THE CALLER'S INFORMATION AND/OR SUGGESTION TO CORRECT, PREVENT PROBLEMS OR TO PROMOTE PUBLIC HEALTH AND SAFETY.
7. **REMEMBER - YOU ARE THE FIRST IMPORTANT STEP IN LOSS CONTROL FOR THE STATE OF HAWAII.** IF THE CALLER IS LEFT FEELING THAT THE STATE IS UNCONCERNED, A LAWSUIT COULD BE INITIATED.

Completion of this report includes prompt presentation of report to your immediate supervisor for investigation, then to the departmental risk management coordinator for review. Prompt reporting of incident or accident will allow investigation and collection of facts while they are available and fresh in the mind. Accuracy is always in the best interest of the State.

STATE OF HAWAII
INCIDENT/ACCIDENT REPORT
(Risk Management)

DATE RECEIVED: _____

PERSON RECORDING INFORMATION: _____

NAME OF CALLER: _____

ADDRESS: _____

PHONE NO.: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ a.m./p.m.

WHAT HAPPENED AND HOW? (CONDITION DESCRIBED): _____

WHERE DID IT HAPPEN? (BUILDING NAME/ADDRESS/SPECIFIC LOCATION): _____

LIKELY CAUSE? (OBJECT/EQUIPMENT/SUBSTANCE INFLICTING): _____

WITNESSES (NAME, ADDRESS AND PHONE NO.): _____

SUPERVISOR'S RESPONSE TO CALLER/FOLLOW-UP ACTION
(To be executed upon completion of "Supervisor's Report", Part 3 of 4)

Date/Time of Response/Follow-up

By:

STATE OF HAWAII
SUPERVISOR'S INCIDENT/ACCIDENT REPORT
(Risk Management)

Caller or Claimant:		Date of Occurrence:	
INJURY OR ILLNESS: Part of Body affected:	PROPERTY DAMAGE/LOSS List of Property:	INCIDENT Nature of Incident:	
Nature of Injury / Illness:	Nature of Damage or Loss:		
Object / Equipment / Substance inflicting:	Object / Equipment / Substance Inflicting:	Object / Equipment / Substance Related:	
Person with most control of Inflicting Item:	Person with most control of Inflicting Item:	Person with most control of Related Item:	
D E S C R I P T I O N	Describe clearly how the incident/accident occurred:		
EVALUATION			
LOSS SEVERITY POTENTIAL: <input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		PROBABLE RECURRENCE RATE: <input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> RARE	
P R E V E N T I O N	WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? LIST ALL ACTIONS IN ORDER. 1. _____ 2. _____ 3. _____ 4. _____ GIVE DATE OF IMMEDIATE ACTION TAKEN. GIVE DATE WHEN ACTION COMPLETED. IMMEDIATE ACTION: 1. _____ 2. _____ 3. _____ 4. _____ ACTION COMPLETED: 1. _____ 2. _____ 3. _____ 4. _____		
INVESTIGATED BY: _____ SUPERVISOR		REVIEWED BY: _____ RISK MGMT. COORDINATOR	
DATE PHONE #		DATE PHONE #	

