



CITY OF LAKELAND

EMPLOYEE'S REPORT OF INJURY/ILLNESS/PROPERTY DAMAGE

Report Number: _____ Dept./BU _____ Division: _____
First Name: _____ Middle Name: _____ Last Name: _____
Job Title _____ Phone #: _____ Incident Date: _____
Time: _____

Location where incident occurred (address): _____

Describe injury/illness/damage: _____

Body part(s) affected: _____ Personal Injury: MVA
Hospitalized Lost Time/Date: _____ First Aid Report Only:
Police Report #: _____ City Vehicle # _____ Nurse needed: Yes No
Physician needed: Yes No
Traffic Citation : Yes No

How did this incident occur? _____

What factors do you think could have contributed to your injury/illness/accident? Mark all that apply.

- Procedures Hazards Training In a hurry
 Communications Facilities/Equipment Other

Explain in your own words what happened and why:

PUBLIC SAFETY ONLY

Due to high risk nature of activity (explain) _____

How do you think this injury/illness/damage could have been prevented?

Employee Signature: _____ Date: _____



CITY OF LAKELAND

SUPERVISOR'S INJURY/ILLNESS/PROPERTY DAMAGE

INVESTIGATION REPORT

Report Number: _____

Check here if Topic 35 is applied :

Employee's Name: _____

Middle Name: _____

Last Name: _____

Department/ BU: _____

Date Accident Reported: _____

Date of employee's interview with supervisor: _____

How were you made aware of the incident? _____

Witness(es) _____

How long has employee performed this job? _____ Date of Accident: _____

Nature and extent of injury/damage: _____

How did this injury/illness/damage occur? _____

PROCEDURES

- None developed
- Developed but unable to follow
- Developed but not accurate

TRAINING

- Insufficient training
- Circumstances not addressed in training
- Tool used incorrectly

FACILITIES /EQUIPMENT

- Faulty equipment
- Poor design
- Corrosion or wear
- Ergonomic factors

HAZARDS

- Created by man
- Created by external factors
- Documented but not repaired
- Unidentified
- Identified but accepted
- Lack of communication
- Conditions changed without proper communication

IN A HURRY

- Insufficient planning
- Employee perceived need
- Friendly competition
- Due to external factors
- Workload too heavy
- Lack of teamwork
- Taking short cuts

COMMUNICATION

- Insufficient planning
- Breakdown in communication
 - Between workers
 - Workers & Supervisors
 - Work Teams
- Confusion after communication

OTHER FACTORS

- Weather/Temperature
- Working long hours
- Physical overexertion
- Personal Protective Equipment
- Improper body position

OTHER COMMENTS

Supervisor's _____

Division/Dept./BU _____

Signature _____

Signature _____

Date: _____

SAFETY COMMITTEE COMMENTS

Why did this happen? _____

Corrective steps
if indicated: _____

Corrective steps
for sub-causes: _____

Preventable: Non-Preventable: By Whom: _____