



Department of Fish & Wildlife
Office of Safety & Risk Management
600 Capitol Way North, MS 43200
Olympia WA 98501-1091
(360) 902-2275 Safety / 902-2446 Risk Mgmt

Safety / Security Incident Report

Medical
Emergency

Injury Requiring
First Aid

Vehicle/Equipment
Accident/Incident (SF-137)

Security
Incident

Unsafe/Hazardous
Condition

Near Miss
Incident

Employee(s) Name (Last, First, MI)	Social Security Number	Work Phone	Home Phone
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Date of Incident / Accident	Facility Name/ Region	Program	Supervisor's Name / Work Phone #
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What is the part of the body affected?	L/R	What is the nature of the injury?	What contributed to the cause? (can be more than one)	What were the conditions during the incident?
Abdomen		Abrasion / Scratch		Chemical fires
Ankle(s)		Anxiety / Trauma	Absorption	Confined Space
Arm(s)		Bite - animal / insect	Allergic reaction	Defective Equipment
Back (lower, middle)		Burn - chemical	Bypassing safety device	Electrical Fire
Chest (includes ribs)		Burn - thermal / radiation	Caught in, under, between	Excessive exposure
Ear(s)		Carpal Tunnel Syndrome	Contact with electrical current	Failure of tool or equip.
Elbows		Contusion	Contact with temp. extremes	Faulty floor or surface
Eye(s)		Crushed / Smashed	Driving errors	Hazardous material
Finger(s)		Cut / Laceration	Exposure to toxics	Improper Supervision
Groin		Dermatitis / Illness	Facilities/ equipment	Indoor Air Quality
Hand(s)		Dislocation	Failure to follow safety rules	Liquid spill
Head		Electric Shock	Failure to get assistance	New or modified equip.
Hip		Foreign Body (in eye)	Fall on object/ object/ ground	Obstructions present
Knee(s)		Fracture	Hazard in the workplace	Poor design/ arrangement
Leg(s)		Hearing Loss	Horseplay	Poor housekeeping
Multiple Body Parts		Heat Stroke	Improper lifting/ pushing	Poor lighting
Neck		Hernia	Improper use of equipment	Slippery floor
Respiratory System		Infection	Improper use of hands	Unsafe clothing
Shoulder(s)		Irritation / Inflammation	In a hurry	Weather - fog / ice / rain / snow / wind
Spine		Multiple Injuries	Inadequate instruction	Other - (describe)
Toe		Overexertion	Inattention to surroundings	
Wrist(s)		Plant Toxin Exposure	Inhalation / swallowing	
Other (describe)		Poisoning	Noise	
		Puncture	Operating at unsafe speed	
		Rash	Overexertion	
		Sliver	Procedures	
		Sting- bee, insects	Pre-existing condition	
		Strains / Sprains	Repetitive motion	
		Tendonitis	Rubbed / abraded	
		Near Miss (describe)	Slip/ trip/ fall	
		Other (describe)	Stress	
			Struck against/ struck by	
			Training (improper)	
			Unsafe position	
			Using unsafe equipment	
			Wearing unsafe clothing	
			Working on moving equip.	
			Other - (describe)	

<p><u>Security Incidents</u></p> <p>Description:</p> <p>Suspect Name:</p> <p>Witness name:</p>	<p><u>Unsafe / Hazardous Conditions</u></p> <p>Nature of condition:</p> <p>Action taken / needed to correct:</p>	<p><u>Missing Equipment/Supplies</u></p> <p><input type="checkbox"/> Theft?</p> <p><input type="checkbox"/> Lost?</p> <p><input type="checkbox"/> Vandalized?</p> <p><input type="checkbox"/> Embezzled?</p>	<p>Did you: Yes No</p>
			<p>Receive First Aid? <input type="checkbox"/> <input type="checkbox"/></p> <p>See a Doctor? <input type="checkbox"/> <input type="checkbox"/></p> <p>Go to a Hospital/ Emergency Room? <input type="checkbox"/> <input type="checkbox"/></p> <p>File or Re-open an L & I Claim? <input type="checkbox"/> <input type="checkbox"/></p> <p>Claim # _____</p> <p>Has the Doctor released the employee to go back to work? <input type="checkbox"/> <input type="checkbox"/></p> <p>Modified duty? <input type="checkbox"/> <input type="checkbox"/></p> <p>If so, please list dates:</p> <p>Physician's name:</p> <p>Phone #:</p> <p>Address:</p>
<p><u>Near Miss Incidents</u></p> <p>Location:</p> <p>What happened?</p> <p>How to prevent in the future?</p>	<p>What happened?</p> <p>How to prevent in the future?</p>		

Incident Investigation

Note: When reporting the details of a safety/security incident, the goal is to thoroughly describe details that will help establish the root cause of the incident. This report is not intended to find fault or place blame, but to prevent future safety/security incidents and employee injuries. [If reporting property loss, itemize missing items utilizing WDFW32, Inventory Transfer Slip.](#)

TO BE FILLED OUT BY EMPLOYEES

Describe in detail the safety/security incident:

How could this incident be avoided in the future?

Employee Information:

How long have you worked for WDFW? _____ Employee Status: Permanent Temporary Career Seasonal Volunteer

Schedule = Hours per Day _____ Days per Week _____ Circle scheduled days off: M T W Th F Sat Sun

Employee Signature: _____ Position Title: _____ Date: _____

SUPERVISOR'S INVESTIGATION - MUST BE FILLED OUT BY SUPERVISOR

Supervisor's Name: _____ Phone # _____ Date / time incident reported to you: _____
(please print)

I have reviewed the detailed description of the safety / security incident and (circle one): I Agree I Disagree

Additional comments or incident description (based upon your investigation)

Supervisor Signature _____ Date _____

SAFETY COMMITTEE / SAFETY OFFICER

Comments or Recommendations:

[Make and distribute copies to:](#) - Safety Office (Olympia Headquarters MS 43200) - Site/Regional Safety Committee - Supervisor - Employee

[If for non-injury report:](#) make and distribute copies to: Risk Management (Olympia Headquarters MS43200) – Supervisor - Employee

Form: WDFW 699 – Revised March 2006