

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

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**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.

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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.) : \_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date/Time of Response/Follow-up

\_\_\_\_\_  
By:



