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. REFER TO THE INCIDENT OR ACCIDENT AS AN UNFORTUNATE EVENT OR SITUATION.
- 3. ASK QUESTIONS TO GATHER PERTINENT FACTS AND TO CLARIFY IMPORTANT POINTS.

2.

- REVIEW YOUR UNDERSTANDING OF THE INCIDENT OR ACCIDENT WITH THE CALLER. 4.
- INFORM THE CALLER THAT THE MATTER WILL BE INVESTIGATED PROMPTLY AND THAT FOLLOW-UP WILL 5. BE MADE.
- EXPRESS SINCERE THANKS FOR THE CALLER'S INFORMATION AND/OR SUGGESTION TO CORRECT. 6. 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	SINFORMATION:		
NAME OF CALLER: _			
ADDRESS			
PHONE NO	DATE OF INCIDENT	TIME OF INCIDENT:	a.m./p.m
	D HOW? (CONDITION DESCRIBED):		
WHERE DID IT HAPPE	EN? (BUILDING NAME/ADDRESS/SPECIFIC	LOCATION:	
	JECT/EQUIPMENT/SUBSTANCE INFLICTING		
	ADDRESS AND PHONE NO.) :		
*********	SUPERVISOR'S RESPONSE TO CA (To be executed upon completion of "Su	LLER/FOLLOW-UP ACTION	******
Date/Time of Response	e/Follow-up By:		<u></u>

STATE OF HAWAII INCIDENT/ACCIDENT REPORT

(Risk Management)

Calle	er or Claimant:		Date of Occurren	ce:
INJU affect	RY OR ILLNESS: Part of Body ted:	PROPERTY DAMAG	GE/LOSS List of	INCIDENT Nature of Incident:
Natu	re of Injury / Illness:	Nature of Damage o	r Loss:	
Object inflict	ct / Equipment / Substance ing:	Object / Equipment / Inflicting:	Substance	Object / Equipment / Substance Inflicting:
Perso	on with most control of Inflicting	Person with most co Item:	ntrol of Inflicting	Person with most control of Inflicting Item:
D E S C R I P T I O N	Describe clearly how the incident	vaccident occurred.		
ΕV	/ALUATION			
	S SEVERITY POTENTIAL: AJOR □ SERIOUS □ MINOR			LE RECURRENCE RATE: UENT □ OCCASIONAL □ RARE
P WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? LIST ALL ACTIONS IN ORDER. 1				
IN 17 / -	COTIONTED DV		DEVIEWED DV	
INVE	STIGATED BY:		REVIEWED BY:	
SUP	ERVISOR	DATE PHONE#	RISK MGMT. CO	ORDINATOR DATE PHONE#

Original to: DAGS/Risk Management

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STATE OF HAWAII SUPERVISOR'S INCIDENT/ACCIDENT REPORT LIST OF PREVENTIVE ACTIONS NOT IMPLEMENTED AND REASONS (Risk Management)

INCIDENT/ACCIDENT

Action <u>No.</u> *	REASON	
* From Part 3 - I	Prevention	
		(Supervisor / Phone No.)