



**First Responder Incident Report**

Date and Time: \_\_\_\_\_

Location (building and area): \_\_\_\_\_

Injured Employee/Individual: \_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial on site treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

911 activated?    Yes     No \_\_\_\_\_

Taken to ER or other Medical Facility? If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Response time for First Responders \_\_\_\_\_ Brought equipment? Y N

Response time for EMTs \_\_\_\_\_

\*\*Name of Responder completing this form: \_\_\_\_\_

(Please forward copy to Iona Basso- Safety Leader)

E copy in I drive Everyone/First Responder Incident Report