

NORTH CAROLINA DAVIDSON COUNTY

Employee Near Miss/Non-employee Incident/Unsafe Condition Report Form

The purpose of this form is to provide a record of either type of incident and prompt a review of work processes/procedures and/or potential hazards on county property.

Check one	Report Type	Definition
	Employee Near Miss	Any incident involving an employee that is unlikely to become Worker's Comp
	Unsafe Condition	Potential hazard; use Location & Description sections
	Non-employee Incident	Any incident involving a non-employee

When	Date:	Time:
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Name:	
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Contact Information (employee department & extension/non-employee address & telephone)

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Add'l Non-employee Information	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Location of incident:	
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Describe the incident or unsafe condition. What was the person doing? If a fall, note footwear and surface conditions. Was any equipment or furniture in use?

Was first aid provided to non-employee? (if First Aid was provided to an employee, this form should not be used)	Yes No If Yes, who:
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Describe First Aid or other assistance provided by agency staff:

EMS called: Yes No	Transported by EMS: Yes No	If Yes, taken to:
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Transported by other: Yes No	If Yes, who/where:
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Family/friend contacted: Yes No	If yes, who/relationship/telephone:
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Witness Contact Information:

Name: Phone:

Name: Phone:

Completed by	Signature:	Date:
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