

CITY OF WINSTON-SALEM UTILITIES DIVISION
ACCIDENT AND INCIDENT INVESTIGATION REPORT

SECTION I: To be completed by injured employee.

1. Name _____ Incident Date _____ Time; _____
2. Social Security No. _____ and Employee No. _____
3. Job Title _____
4. Office Location: Cemeteries Construction and Maintenance Elledge WWTP
 Landfills Manson Meads Complex Muddy Creek WWTP Neilson WTP
 Northwest WTP Thomas WTP Utilities Administration
5. Location of Accident/Incident

6. Description of Accident/Incident (Attach Additional sheets if necessary):

7. List names of witnesses (write none if none):

8. List names and addresses of others injured in the accident (write none if none):

9. Part of body affected: _____
10. Side of body affected: _____
11. Type of Injury: _____
12. Could this accident/incident have been prevented, if so how?

Complete form, attach all appropriate documentation and route to supervisor

SECTION II: To be completed by supervisor and employee.

1. Supervisor: _____ Date: _____
2. Social Security No. _____ and Employee No. _____

3. Type of first aid: (Attach all appropriate documentation)

- First Aid Kit Nurse's Station

4. Type of medical: (Attach all appropriate documentation)

- Prime Care Hospital

Lost time number of days (in excess of day of accident): 1 day 2 days (Other) # of days _____
Light duty number of days and type of Light duty: _____

5. Type of incident: (Attach all appropriate documentation)

Vehicle # and type _____ Equipment # and type _____
Other _____

6. Activity employee involved in when injury/incident occurred:

7. Was the activity the employee was engaged in at the time of the accident/incident part of his/her normal job? Yes No

If no, describe how the activity was different:

8. Conditions contributing to accident/incident:

9. Corrective Action taken and date:

10. Employee's Signature: _____

11. Supervisor's Signature: _____

12. Reviewing Supervisor's Signature: _____

13. Date Report was completed: _____

14. Section Head's Initials: _____

NOTE: Copy of this report and all appropriate documentation must be routed to Employee Medical Services, Employee Accounting, and Utilities Safety Coordinator
