



**SAN JOAQUIN VALLEY HOMES
EMPLOYEE INCIDENT REPORT**

Employee Name:		Project Name:		Report No.	
				Report # should be Initials & Date. (ex.: LC72721)	
Date Occurred:			Time:		
Date Reported:			Location (Near or in what area of the job):		
Supervisor:					
Mark All That Apply:					
<input type="checkbox"/> Injury	<input type="checkbox"/>	<input type="checkbox"/> Near Miss	<input type="checkbox"/>	<input type="checkbox"/> Property Damage	<input type="checkbox"/>
<input type="checkbox"/> First Aid**	<input type="checkbox"/>	<input type="checkbox"/> Non-Recordable	<input type="checkbox"/>	<input type="checkbox"/> Restricted Duty	<input type="checkbox"/>
<input type="checkbox"/> Doctor Case	<input type="checkbox"/>	<input type="checkbox"/> Recordable	<input type="checkbox"/>	<input type="checkbox"/> Lost Time	<input type="checkbox"/>
Nature of injury (Description):					
Description of Incident (Include Cause of Injury if applicable)					
Witness Name		Employee ID#			
		Phone No.			
Witness Name		Employee ID#			
		Phone No.			
Employee Instructed About Hazards of Job:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Code of Safe Practices Followed:	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure for Assigned Task		<input type="checkbox"/> YES <input type="checkbox"/> NO		Procedure Utilized	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Work Being Performed:			19. PPE Used:		
Conditions/Actions Contributing to Incident:					
Recommendations Made By Review Person (Committee) Note: Include Responsible Person & Abatement Date					
22. Injured Employee's Signature					
					Date:
23. Authorized Signature (General Superintendent)					
					Date:

** If First Aid has been administered, please fill out the First Aid Record form