



Incident Report

It is the policy of South Florida Workforce Investment Board that Contracted Service Partners are to submit a written Incident Report along with all related documents (Police Reports, Landlord's and Security Service Reports, etc.) regarding all incidents (accidents, thefts, break-ins, assaults, injuries, altercations, fights, etc.) to South Florida Workforce Investment Board Facilities Management.

The Service Partners should report as soon as possible, the incident to the Facilities Management Division. In addition, complete and submit the **Incident Report Summary** and **Incident Report Detail** Forms following the instructions provided on Page 1 of the Report Packet. Please e-mail copies to facilities@southfloridaworkforce.com until originals can be submitted.

The Police Reports, Landlord and Security Service Reports and any other documents related to the incident must be submitted when they become available. Fax to (305) 477-0113 or e-mail copies until originals can be submitted.

Completed sign original **Incident Report Summary** and **Incident Report Detail** Forms along with related documents are to be submitted to Facilities Management at:

South Florida Workforce Investment Board
ATTN: Facilities Management
7300 Corporate Center Drive, Suite 500
Miami, Florida 33126-1234

Forms Attached:

Instructions for Conducting the Supervisor's Investigation

Incident Report Summary

Incident Report Detail

INSTRUCTIONS FOR CONDUCTING THE SUPERVISOR'S INVESTIGATION

Each incident will be investigated by the Center's Supervisor as soon as possible after the occurrence (i.e. after the first aid or emergency medical treatment needs are met). The following procedures shall be followed as applicable:

1. **CHECK THE SCENE**
 - a. Carefully examine the site of the incident if applicable.
 - b. Reconstruct as much as possible the chain of events leading up to the incident, and attempt to determine the single event that caused the incident.
2. **COLLECT THE EVIDENCE**
 - a. Inspect site conditions to determine cause and/or contributing factors to the incident if applicable.
3. **INTERVIEW THE VICTIM**
 - a. Interview the victim. Ask the victim to start from the beginning and describe what happened.
 - b. Determine what procedures were or were not followed, what equipment was used, etc.
 - c. Have victim write description of incident, if possible.
 - d. If the victim exhibits unusual or erratic behavior, note it.
4. **INTERVIEW WITNESSES**
 - a. Interview witnesses at the scene. Whenever possible interview witnesses separately.
 - b. Record their name, title, address, phone number, and statements.
5. **WRITE IT DOWN, SKETCH DIAGRAMS**
 - a. Utilize the Incident Report Summary to make written notes of all facts that may relate to the incident. Utilize additional paper to provide further detailed information.
 - b. Note any procedure not followed, misuse of equipment, or other factors not in accordance with work rules or established safety practices.
 - c. Note any unsafe conditions, faulty equipment or other items which could have cause or contributed to the incident.
 - d. Note your name, title, and phone number, the time and date of your investigation, lighting and weather conditions, supplemental evidence and conversations having a bearing on the case.
 - e. Attach all diagrams, statements, and any other pertinent information.
6. **REVIEW THE EVIDENCE**
 - a. Review the report. Ensure complete and accurate/adequate information is presented. If necessary, conduct further questioning of the injury and witnesses.
 - b. Forward the Incident Report forms and any additional information, to the Facilities Management Division.

INCIDENT REPORT SUMMARY

Date of Report: _____ Name of Supervisor Filing Report: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Witnesses: _____ Witnesses: _____

Witnesses: _____ Witnesses: _____

Describe What Happened: _____

Signature: _____ Date: _____

INCIDENT REPORT DETAIL

1. Name of Injured Party _____ SS# _____

2. Center: _____ Service Partner _____ Time of Incident _____

3. Name of Supervisor _____ Phone _____

4. To whom was it first reported or mentioned? _____

5. Was first aid rendered ____ Yes or ____ No By Whom? _____

Explain: _____

6. Where did the incident occur? _____

7. Did the injured party(ies) cause or contribute to the incident? ____ No or ____ Yes If yes,

Explain: _____

8. Did OTHER PERSON(S) circumstance or act contribute directly/indirectly to the incident?
____ Yes or ____ NO If yes, Explain: _____

9. Names of witnesses to the incident and statements. (Attach Statements)

Witness Name: _____ Title: _____ Phone: _____

Witness Name: _____ Title: _____ Phone: _____

Signature of Supervisor completing this Report: _____ Print Name: _____

Title: _____ Phone: _____ Date of this Report: _____

Injured Party Signature (if available): _____ Phone: _____

All incidents are caused by something: an unsafe/careless act on the part of the victim or someone else, defective equipment, or some other circumstance. The Supervisor must investigate, determine and report what caused the incident.