

INTERNAL USE *ONLY!*

(COUNTY) TRINITY **INCIDENT/HAZARD REPORT**

SECTION A	<input type="checkbox"/> INJURY INCIDENT	<input type="checkbox"/> INCIDENT/NEAR MISS	<input type="checkbox"/> HAZARD
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DATE & TIME OF INCIDENT:	LOCATION:	DATE REPORTED:
REPORTED TO:		DEPARTMENT:

SECTION B	DESCRIPTION OF INCIDENT – INJURY, INCIDENT/NEAR MISS, HAZARD

SECTION C	CAUSES

SECTION D	SUGGESTED CORRECTIONS

INVESTIGATED BY:	TITLE:	DATE:
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SECTION E	CORRECTIVE ACTION	DATE

<u>Department Safety Representative Signature:</u>	Date:	<u>Department Head Signature:</u>	Date:
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