Incident Report Form

Rev. 050118

Report the incident to your supervisor or any NMC manager as soon as possible, complete this form to your best ability, and submit the completed form to the front desk Admin or any available NMC Admin within 24 hours of the incident. The frond desk Admin can fill out the form for you.

Date of incident: **Time:** **Location:**

Name of reporting individual:

Phone number(s): **E-mail:**

Name(s) of individual(s) involved:

Describe the incident in detail:

A. Is there any type of skin damage (e.g., cut, abrasion, burn)? ☐ No ☐ Yes

B. Is injured person LANL affiliated? ☐ No ☐ Yes
If Yes to both A&B, notify four managers below and LANL supervisor must accompany injured LANL person to OCCMed. Non-LANL persons will be taken to urgent care by NMC staff if needed.

Names of notified managers:
(1) ☐ NMC
(2) ☐ LANL Supervisor
(3) ☐ LANL Group Leader
(4) ☐ NSEC Office

Immediate measures taken and the name(s) of responsible staff:

Suggested Actions to take to prevent this incident from recurring:

Signature of reporting person **Date**