



INCIDENT OR SAFETY REPORT FORM

***If there is a possibility of a claim, use TMI accident report form*

Incident OR Safety Concern

Location: Metro Facilities School Fixed Route Paratransit

Fill in all that apply:

Employee Name:	Department	Time of Incident	Date of Incident
Location of Incident or Safety Concern (Be Specific)			Employee Number#
School:	Route#	Run#	Bus#

If Safety Concern, please check all that apply:

<input type="checkbox"/> Electrical	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Equipment (including PPE)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Slip/Trip/Fall Hazard
<input type="checkbox"/> Chemical	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Other: (describe) _____		

Narrative of what happened or what was observed: (Describe the incident or safety concern in detail)

Witness Information:

Name:	Phone:
Name:	Phone:

Supervisor Only

Supervisor Name:	Date Received:
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