



WESTSHORE COMMUNITY EMERGENCY RESPONSE TEAM
Accident / Incident Report Form

This form is to be completed for all volunteer and resident accidents, illnesses and incidents.

INSTRUCTIONS: All CERT-related accidents/incidents require Sections I and II of this Accident/Incident Report to be completed by the involved CERT members. Each involved member shall complete a separate report. If unable to do so, the person supervising the activity is to complete the Accident/Incident Report. In all cases, the supervisor of the activity is to complete Section III on the reverse side, review the report for completeness and accuracy, sign and forward to the Westshore CERT Coordinator with a copy to the local CERT coordinator, if applicable, within 24 hours of the accident/incident. Note: a fax or PDF (followed up by the receipt of the original form) is acceptable to ensure the 24 hour compliance requirement (Fax: 440-617-4209).

SECTION 1 PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ Badge # (if applicable): _____
(Or last four digits of social security #)
Home Address: _____
Number / Street City State Zip Code
Telephone Number: () _____ Age: _____ Date of Birth: / /
E-mail: _____
Unit: _____ Task performing at time of accident/incident: _____

SECTION II ACCIDENT / INCIDENT DATA

Nature of Incident: _____ Accident/Injury/Illness _____ Verbal Confrontation
_____ Property Damage _____ Theft/Burglary
_____ Physical Altercation _____ Other: _____
Date of Incident: _____ Time of Incident: _____ AM / PM
Specific Location of Incident: _____
(e.g. address, building, room, intersection, ICS post, etc.)

Briefly explain what happened: If an injury, (1) explain activities occurring when injury, illness or incident occurred and what tools, machinery, chemicals, or mechanisms were involved, (2) what happened to cause this injury, illness or incident? (3) what was the injury or illness (i.e., state the part of body affected and how it was affected.

What action was taken? Check all actions taken. If more than one, indicate which occurred 1st, 2nd, etc.

_____ First aid - administered by: _____
_____ Sent to physician - name: _____
_____ Sent to hospital - name: _____
_____ Sent home
_____ Continued activity (no action taken)

Name of Witness (if applicable): _____ Phone: _____
Person Completing Report: _____ Date: _____



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SECTION III SUPERVISOR / INSTRUCTOR ACCIDENT / INCIDENT REPORT

Supervisor/Instructor account of incident supplementing and/or clarifying information provided by injured/involved party: If an injury, (1) explain activities occurring when injury, illness or incident occurred and what tools, machinery, chemicals, or mechanisms were involved, (2) what happened to cause this injury, illness or incident, (3) what was the injury or illness (i.e., state the part of the body affected and how it was affected. *(Note: Photos, if possible and appropriate, are highly recommended.)*)

What action has been taken to prevent such an accident/incident from recurring? Include specific details on how it was mediated and how the incident can be avoided in the future.

Completed by: _____ Date: _____

SECTION IV WESTSHORE CERT COORDINATOR EVALUATION & ACTIONS TAKEN

Completed by: _____ Date: _____

Copies to: _____ Date: _____
_____ Date: _____
_____ Date: _____