

NSFL No-Fault & User Incident Report Form

Date of Form _____ Date and time of incident _____

Reporting user _____
Name Dept. Telephone #

Category policy infraction poor training poor ergonomics / repetitive use
 chemical spill chemical exposure hazard fire
 other _____

Description of Incident exact location (room / equipment), task being done, chemicals involved, work environment (noisy, busy, messy, dark), repetitive motion size / weight of objects if applicable

Ideas on incident's cause and how to prevent future occurrences

Witnesses _____
Name Telephone