

Post Incident Protocol Checklist

Individual completing this form: _____

The following checklist should be used any time an incident is reported to a supervisor by their team members.

Section 1 - Incident Type			
<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Safety Concern

Section 2 - Incident Details			
Reporting Employee Name(s):			
Date of Incident:	Time of Incident:	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Incident Location:			

Section 3 – Team Member Welfare Check		
Has first aid been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has medical treatment been sought yet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do they intend to seek treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the diagnosis?		
Was 911 dialed or other local emergency response summoned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the team member have any uncontrolled bleeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the team member lose consciousness at any point?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the team member suffer any injuries to their head (concussion, impact, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the team member suffer loss of an eye or amputation of any limbs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the team member safe to drive? Have they been cleared by a trained professional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 4 - Information Gathering		
Did the incident occur at a delivery site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the incident occur in the process of a delivery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were any third parties involved in the incident (others injured, property damage, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, who are the third parties, and do we have contact information for them?		
Is the media engaged in any capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a _____ owned/leased vehicle damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a rental car damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what company was the car rented through?		
Was any additional property damaged in the incident (client, contractor, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what type of property was damaged?		
Have pictures been taken of any property damage or the scene of the incident (third party or _____)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were there any witnesses to the incident (_____ or third party)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, do we have names and contact information for those individuals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was there a police report completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, do we have a case # and contact information to obtain a copy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who, if anyone, else has the team member spoken to about the incident (name and company represented)?		

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Section 5 - Required Actions

Upon notification and subsequent conversation with the involved team member, the following individuals must be notified immediately:

- Corporate Safety
- Risk Manager
- Human Resources

If the team member has suffered a fatality, amputation, loss of an eye, or has been hospitalized as a result of the incident or if the media is involved in any capacity, Risk Management must be contacted directly **via phone** (email, voicemail, etc. not acceptable).

If a third party is involved and the team member needs automobile insurance information, please provide them with the following:

Company:

Policy #:

Effective:

Expiration:

Agency:

Insured:

If there is reason to believe that drugs or alcohol were a factor in the incident, contact appropriate team members immediately to discuss post incident/reasonable suspicion testing policies and related protocols.

- Did the police report make reference to controlled substances or intoxication?
- Did a witness statement make reference to controlled substances or intoxication?
- Did the team member sound or appear to be intoxicated during phone conversations?

Did the incident occur at a time of the day/night where alcohol or other controlled substance may have been involved (after dinner, social outing, etc.)?

If the team member is unable to drive or their vehicle is rendered inoperable, alternate transportation should be secured.

If the team member is involved in an automobile incident, especially those involving third parties, it is **'s** preference that a police report be obtained for the incident.