



Montana Department of Natural Resources and Conservation Report of Incident

This document is to be completed by the employee. If the employee is unable to complete the report, the supervisor or party having direct first-hand knowledge of the incident will complete the report. This document must be returned to your Supervisor within 24 hours of the incident. Supervisors will submit completed form to the DNRC Safety & Health Officer for Safety Committee review and Recommendations and Directors Office final Review and Comments.

- **If this is a Notification of Injury** - DNRC is required to file a Workers' Compensation Claim within **6 days** of notification. This report serves as that notification. The DNRC Safety & Health Officer will file the claim, communicate with injured worker and supervisor throughout the Workers' Compensation process.
- **If this is a notification of Property/Equipment Damage** - Additional Completion of the Risk Management & Tort Defense "Report of Incident" form is required **and** to be attached to this report.
- **Near Miss Reporting** - Close call situation where Damage or Injury could have occurred.
- **Issues or Concerns** - Identifiable risks and or concerns that pose potential harm, etc. Safety Committee Review Topics for discussion, interpretation or feedback.
- **Questions or Concerns** - Contact the DNRC Safety & Health Officer at (406) 444-2079

Employee(s) /Equipment Information

Employee Name:	ID#	Today's Date:
Property/Facility/Building:	<i>*Risk Management & Tort Defense* Report of Incident Form is Required</i>	
Equipment Type/Vehicle ID:	<i>*Risk Management & Tort Defense* Report of Incident Form is Required</i>	

Type of Incident

Incident/Accident
 Property Loss/Damage
 Near Miss
 Issues & Concerns

Event Details

Date of Event:	Location of Event:	
Time of Event:	Supervisor:	Reporting Date:

Description of Incident

Describe the incident in detail: (Sequence of events telling who, what, where, conditions and details. (Facts not speculation) Injury reporting needs to include Body part(s) – (Right/Left/Bilateral) etc...

Submit this Incident Report to your Supervisor for Review and/or Investigation



Montana Department of Natural Resources and Conservation Agency Incident Report

Supervisor's Investigation – Causal Factors

Date:

Identify the reasons this incident took place and not finding fault:

Supervisor's Investigation – Preventive Recommendations

Identify what can be done to prevent this happening again and not finding fault:

Supervisor:

Signature: _____

Safety Committee Review

Employee Participation is Encouraged

Date:

Recommendations:

Division Administrator Review and Comments

Date:

Administrator:

Signature: _____

Safety & Health Officer: Matthew L. Chambers

Signature: _____

Director's Office:

Signature: _____

Attachments:

Yes No