

Incident and Corrective Action Report

Complete this form for any accident, incident or near misses that occurred on college property or college sponsored events (on or off campus). Additional documentation is welcome; please attach. To complete work related injury, please complete the [First Report of Injury Form](#) and submit to lascolette@hood.edu. If faced with an emergency, please call 911 or campus safety (301-696-3111).

Reporter (Name, Title and Email)		Date
Department	Incident Location	Incident Date and Time
Name of contact (individual involved or witness and contact information)		

Incident Information

Incident Description (provide narrative and timeline)
Nature of incident (i.e., injury, exposure, property damage, spill, equipment failure)
Hazardous material(s) involved (if applicable)
Training and Experience of Individual Involved (if applicable)
Personal protective Equipment and Other Safety Control Used At Time of Incident

Immediate Response Description (describe immediate actions taken following incident)

To Whom was the incident initially reported? By whom and when?

Cause of Incident

Findings from your investigation—why did the incident occur? What are contributing factors?

Was the established procedure being followed? Is the procedure in writing? Did the individual involved understand the procedure?

Plan Corrective and Preventive Actions

Corrective action—actions taken to remove the cause, remediate work area, and allow activities to resume

Preventive action—actions to prevent a potential recurrence

What advice would you give others to prevent a similar incident?

How can we prevent a similar incident?

Other Notes: