

KenCrest Incident Report for Work Related Injuries

Date of incident: ____/____/____	Time: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Employee name (First and Last):
Was a Resident Involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee cell #: _____ Exact location of incident: _____ Address of facility: _____	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Job title:
Date of birth: ____/____/____	Date of hire: ____/____/____	INCIDENT CATEGORY (please circle one): - Struck by/Against - Carrying or lifting - Slip, trip or fall - Pushing/Pulling/Reaching - Caught in/under/between - Other: _____ - Contact or exposure _____ - Auto accident _____
Body part affected (please be specific):		
Equipment/item involved if any:		
Did the employee leave work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did the employee seek medical attention? If so, name and address of location Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was other staff involved? Yes <input type="checkbox"/> No <input type="checkbox"/> Witness's name: Phone number :	Panel List Provided Yes <input type="checkbox"/> No <input type="checkbox"/> Panel List Signed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Incident was Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/>		
* Incident Description and Corrective Actions:		

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Supervisor's name (print): _____

Supervisor's signature: _____ Date ____/____/____

Some helpful Instructions on how to complete this form. Please do not leave any section blank.

- * **Please write out the affected body part(s):** Please be specific. Example, right hand, right knee, head, etc.
- * **Incident description:** Please describe the mechanism of injury in detail and feel free to write on the back of this form.
- * **Panel List:** Employees must sign the panel list form and the supervisor must submit this form and the panel list within 24 hours of an incident to Human Resources.
- * **Auto Accidents:** KENCREST SERVICES VEHICLE ACCIDENT FORM must also be completed.

Should you have any questions or concerns about this form, please contact Minyette Brown **at 610-825-9360 extension 1040 (office) or 215-260-1110 (cell).**