LIGO LIVINGSTON OBSERVATORY
INCIDENT REPORT

The original of this report is to be forwarded to the immediate supervisor and the Operations Manager.

TYPE OF INCIDENT: _____ Unsafe Condition _____ Injury _____ Property Damage _____ Illness _____ Other

FACILITY/SITE LOCATION: _____

EMPLOYEE INVOLVED: _____
(last) (first)

ADDITIONAL EMPLOYEE INVOLVED: _____
(last) (first)

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM / PM

WAS THERE AN INJURY? YES ( ) NO ( ) If yes, explain _____

WAS THERE ANY PROPERTY DAMAGE? YES ( ) NO ( ) If yes, explain _____

LIST PERSONS INVOLVED: _____

DESCRIBE FULLY HOW THE INCIDENT HAPPENED.
(State what each person was doing at the time of injury/property damage and circumstances leading to the incident.)

FACTS (factors that directly contributed to the incident)

CONCLUSIONS / RECOMMENDATION (What actions should be taken to prevent a future similar occurrence?)

REPORT COMPLETED BY: (print) _____

SIGNATURE: _____

DATE REPORT PREPARED: _____