



WORKSITE INCIDENT REPORT FORM

All incidents, accidents and/or injuries involving youth in Philadelphia Youth Network (PYN) managed programs must be reported on this form and submitted to your designated PYN Contact within 24 hours of the incident. This form should be completed by the worksite and submitted to the Provider. The Provider must forward to PYN. **PLEASE PRINT CLEARLY.**

SECTION A: Provider & Worksite Information

Provider: _____ Contractor _____ Code: _____
 Worksite Name: _____ Address: _____
 Worksite Representative: _____ Phone #: _____

SECTION B: Participant Information (Name of Participant(s) and DOB(s) (e.g., John Doe (mm 'dd/yyyy)):

Name:	DOB:
Phone #:	Address:

SECTION C: Incident Details (please PRINT CLEARLY)

Date of Incident: _____ Time: _____ AM PM Work Start Date: _____

Witnesses Information:

Name: _____ Telephone # _____
 Name: _____ Telephone # _____

Exact location injury occurred: _____

Describe duties being performed when injury occurred:

Describe the circumstances causing the injury:

Was safety equipment being used? Yes No What type: _____

Nature of Injury:

Head	Neck	Groin	Eye (s) R L B	Abdomen	Circulatory	Shoulder(s) R L B	Hip(s) R L B	Finger(s) T I M R P
Trunk	Chest	Back	Hand (s) R L B	Skin	Respiratory	Foot/Feet R L B	Toe(s) R L B	Arm (s) R L B
Other-Describe:						Ankle(S) R L B	Digestive	Wrist(s) R L B



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FOR PYN USE ONLY

SECTION D: Action Steps

PYN employee: _____ Date received: _____

Action Steps (select all that apply):

<input type="checkbox"/> Medical (contact HR)	<input type="checkbox"/> Police/Authorities called	<input type="checkbox"/> Youth Terminated
<input type="checkbox"/> Other:		

Category (select all that apply; first five categories taken from SDP's Office of School Climate and Safety):

<input type="checkbox"/> Physical altercation	<input type="checkbox"/> Theft	<input type="checkbox"/> Drugs/Alcohol/Substance
<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Young person health

Date submitted to PYRAMID: _____ UNIQUE PARTICPANT ID: _____

PYN: General Notes and Comments