

INCIDENT FOLLOW-UP FORM

Date of incident: _____ Injured Party: _____

Confirmed Injury: _____

In your opinion what is the best thing we could have done to prevent this injury:

What steps have been taken to prevent incident from occurring again:

What type of training would you recommend to prevent this similar occurrence from happening again:

Additional Comments:

(Please E-mail Report to Nicholle Felshaw cc Sarah Lloyd: nicholle.felshaw@washco.utah.gov, sarah.lloyd@washco.utah.gov)