NORTHWINDS of Wyoming, Inc.
Gas Plant, Compressor Station & Pipeline Construction
P.O. Box 599
Douglas, Wy 82633
307-358-6550

Incident Report

Information About the Employee							Information about the physician or other health care professional					
Full Name							Full Name					
Address							If treatment was given away from the worksite, where was it given?					
City		State		Zip			*Facility*					
Date of birth							*Address*					
Date hired							*City*		*State*		*Zip*	
Gender	☐ Male ☐ Female						Was employee treated in an emergency room?	☐ Yes ☐ No				
							Was employee hospitalized overnight as an in-patient?	☐ Yes ☐ No				

Information about the case				
Date of injury or illness		Time Employee began work		☐ Check if time cannot be determined
Time of injury or illness				
What was the employee doing just before the incident occurred? *Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."*				
What happened? *Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; Worker developed soreness in wrist over time."*				
What was the injury or illness? *Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore". Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."*				
What object or substance directly harmed the employee? *Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.*				
If the employee died, when did death occur? *Date of death*				

Additional Information							
Authorities Notified	☐Yes ☐No			Client Performing Work For			
☐Police	Name of Officer		Phone#	Client Representative			
☐Ambulance	☐Fire Department		☐Hospital	Notified	☐Yes ☐No		
				Date		Time	

Witnesses						
Name						
Phone #						

Completed by		Date		Phone #	
Employee		Date		Phone #	