

# Fabiano Brothers

Established 1885

## EMPLOYEE INCIDENT OR INJURY REPORTING PROCESS REMINDER UPDATED 1/31/24

### **INCIDENT Summary (not for injuries) –**

Employees involved in an incident that does NOT include any injuries with any company property, such as a vehicle, equipment, semi-truck, client property, Fabiano property, technology, etc., must contact their supervisor and complete Fabiano Brothers INCIDENT Report Form immediately.

After consulting with the operations director and human resources, the employee's supervisor will direct them on what to do next. All incidents require pictures of the incident where appropriate.

If any emergency services such as police are required, then the employee must contact human resources in addition to their supervisor.

The employee takes pictures of the vehicle, equipment, property, etc., involved in the incident and includes them in their report.

Contact your direct supervisor or human resources if you are unsure how to handle the situation. The number for human resources is 989-621-4819. If calling using voice and there is no answer, leave a message or send a text.

### **INJURY Summary (not for incidents involving any equipment or property) –**

Employees with a work-related injury must notify their supervisor and HR immediately after that injury. That employee must immediately complete the company Injury Report. Even if the employee was not injured but had a "near-miss," they must complete the injury report (not INCIDENT above).

Human Resources must approve treatment at an approved clinic if your injury requires medical treatment that is not an emergency. If an emergency, dial 911.

After all injuries requiring medical treatment, employees cannot return to work without human resources' approval.

Contact your direct supervisor or human resources if you are unsure how to handle the situation. The number for human resources is 989-621-4819. If calling using voice and there is no answer, leave a message or send a text.

To access the INCIDENT or the INJURY reports online, go to -

<https://humanresources.fabianobrothers.com/hc/en-us/sections/16451416275739-Employee-Forms>

*While we hope you never need our incident or injury form, they are attached to these reminders.*

For questions or concerns, please contact Wendy Yelsik at 989-621-4819 or [wylesik@fabianobrothers.com](mailto:wylesik@fabianobrothers.com)

Using your mobile device's camera, scan this QR code to access the forms -



# *Fabiano Brothers*

## **Incident Reporting Procedure**

REVISED 6/16/2023

1. The employee immediately notifies their direct supervisor.
2. The employee needs to take pictures of the vehicles involved in the incident and include them in the report.
3. Employee completes the "INCIDENT Report Form" immediately but no later than 24 hours from incident occurrence and submits the form to their supervisor. The supervisor does NOT complete any part of the Incident Report Form.
4. Supervisor completes "SUPERVISOR Incident Report Form" as soon as possible but no later than 24 hours after being notified of the incident. The employee does NOT complete the SUPERVISOR Incident Report Form.
  - a. Supervisors need to document the facts of the incident. Do not state your opinions or speculate how the incident happened.
  - b. Do not tell the employee if they will receive disciplinary action or tell them it was not their fault. If they ask, tell them the department head and HR review the incident.
  - c. Include as much information as you have about the incident. You are required to speak to the involved employee when completing the form.
5. The original copy of both forms must be submitted to your Department Head within 48 hours of the incident's discovery date.
6. The Department Head and HR will determine appropriate disciplinary action (if any).
7. Electronic copies of completed incident reports are kept on the Dynafile site (see HR for access).
8. If you have questions about this process or how to handle an incident, please contact your supervisor or HR via text or voice at 989-621-4819.

Scan for Employee Incident Report



Scan for Supervisor Incident Report



**To be completed by person involved in the incident** Rev. 06/2023



<https://fabianoincidentreport.paperform.co>

**Instructions:** if you are involved in an accident or incident involving company equipment including vehicles you must complete this report as soon as possible but no later than 24 hours after the incident. Fully completed reports and supporting documents such as pictures and police report information, must be submitted to your supervisor. The department head and human resources review all incidents. **ANSWER ALL** *QUESTION ON THIS REPORT before submitting to your supervisor.*

<b>1. Name &amp; Position:</b>		<b>2. Check One:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Temporary <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	
<b>3. Date of Incident:</b>	Circle Day of Incident-      Sun      Mon      Tue      Wed      Thu      Fri      Sat		
<b>4. Time of Incident:</b>	<b>5. Date and Method</b> you Reported Incident:	<b>6. Supervisor reported to:</b>	
<b>7. Describe in detail</b> WHAT & HOW this happened (use back to draw diagram or if more space is needed).			
<b>8. Truck/Vehicle and VIN #</b> (if none, check here <input type="checkbox"/> <small>Can take picture of registration</small> )		<b>Trailer # &amp; VIN #</b>	
<b>9. Police Dept:</b>		<b>Attach copy of police report or any information obtained.</b>	
<b>10. Include the pictures that you took</b> (you are required to take pictures of the incident.) email pictures to your supervisor and <a href="mailto:hr4u@fabianobrothers.com">hr4u@fabianobrothers.com</a> . Or UPLOAD HERE:			
<b>11. WHERE</b> did this incident happen?			
<b>12. WHY</b> did this incident happen?			
<b>13. Were there any injuries to you or any involved party?</b> If Yes, explain.      (    ) YES      (    ) NO			
<b>14. List any passengers in the vehicle or any witnesses to the incident</b> (if none, write none)?			
<b>15. How could this incident have been avoided?</b> What action or behavior of yours contributed to this incident?			

**2-SIDED FORM, COMPLETE BACK.**

More information regarding incident on: \_\_\_\_\_ involved person: \_\_\_\_\_

WERE THE POLICE INVOLVED? YES (PROVIDE COPY OF TICKET OR ANY INFORMATION THEY GAVE YOU)

NO (Police not called)

**UPLOAD INFORMATION SUCH AS POLICE REPORT OR PICTURES-**

### **Diagram of Incident:**

DRAW A DIAGRAM OF THE INCIDENT. YOU CAN TAKE A PICTURE OF THE DIAGRAM AFTER COMPLETING IT AND EMAIL TO [HR4U@FABIANOBROTHERS.COM](mailto:HR4U@FABIANOBROTHERS.COM). IT WILL BE MATCHED UP TO THIS INCIDENT REPORT.

**Management reviews and approves Incident Reports. If you don't complete the report correctly, it will be returned to you to correct or recomplete it.**

**16. Employee\* Signature and Date:** \_\_\_\_\_

*After HR Review, proper disciplinary action will be taken (if applicable). If this accident/incident resulted in a Near Miss (as determined by department head) no disciplinary action will be taken).*

**SUPERVISOR Incident Report Form** (do not use for reporting a Work-Related injury)

**1. Incident Date:**

**2. Involved person:**

Complete online – Scan QR Code

<https://fabianosir.paperform.co>

**3. Time of Incident:**

**4. Date, Time, & Method  
you were notified of Incident:**



**Instructions for Supervisor-** Once notified of an incident (not an injury), initiate this report with the employee as soon as possible, but no later than 24 hours after notification. Speak to the involved employee to complete this report. The employee must complete the “Incident Report Form” BEFORE the supervisor report is completed. Submit both the employee incident report and supervisor incident report to HR within 48 hours of discovering the incident. Note: **Only include facts about the incident.**

**5. Describe the incident that took place according to the employee. Include WHAT, WHEN, WHERE, and HOW the incident happened. Be sure to include the company vehicle number, truck number, trailer number if applicable or submit a picture of the registration card.**

Check if continued on back ( )

**6. How could this incident have been prevented?**

**7. WHY did this incident happen?**

**8. Incident resulted in** (check all that apply):    ( ) Property Damage (Client or Fabiano)    ( ) Vehicle Damage

**9. What is the estimated amount of damage repair?**

**10. Was there a police report completed:**    ( ) YES (list which police) \_\_\_\_\_    ( ) NO

**11. Pictures are required. Include them with this report and email to your supervisor and [hr4u@fabianobrothers.com](mailto:hr4u@fabianobrothers.com).**

**12. Supervisor Comments:** [ ] Incident was a Near Miss OR not caused by employee (subject to approval by department head and HR)  
[ ] Incident was caused by employee above. Discipline will be determined by the department head and the HR Director within 48 hours.

**13. Supervisor Signature and Date submitted to HR:** \_\_\_\_\_

More information regarding incident on: \_\_\_\_\_ Involved Employee: \_\_\_\_\_

**Diagram of Incident:**

A large, empty rectangular box with a thin black border, intended for drawing a diagram of the incident. The box is currently blank.