



Employee Incident Report

Please File Completed Form with Supervisor

Today's Date: _____

Employee Name: _____
(First) (M.I.) (Last)

Phone: _____ (Best daytime number to reach you)

Home Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____

Date of Incident: _____

Time of Incident: _____ AM/PM

Location of Incident: _____
(Building) (Physical Address) (Where in Building)

In your words, describe fully **how** the incident happened, including what specific activity you were doing just before and when the incident took place, as well as the chain of events leading up to the incident:

Include words such as pushing, pulling, climbing, biting, kicking, etc... note any objects, equipment, or tools involved..... note any special circumstances in the work environment contributing to the incident.

Was there property damage: YES / NO If yes, what property/equipment was damaged? _____
Property/Equipment owned by: _____

Describe the damage: _____

Describe what part of your body is injured/hurt and in what way: OR No Injury

Can you think of anything you could have done differently or how this incident could have been prevented?

Were there any witnesses who viewed the incident? YES / NO

Witness 1: _____ Witness 2: _____
(First) (Last) (First) (Last)

Who did you report this incident to? _____
(First) (Last)