



EMPLOYEE INCIDENT REPORT

Name of Employee: _____ Date of Incident: _____

Title: _____ Social Security Number: _____

Residence Address: _____

DOB: _____ Gender: _____ Marital Status: _____ # of Dependents: _____

Home Phone: _____ Cell Phone: _____ WK Phone: _____

Dept Where Incident occurred: _____ Day of Week and Time: _____

Describe the details of the incident (How/What/Where/Why) BE VERY SPECIFIC: _____

Nature, Extent, Degree and Body Location(s) affected by incident:

Was special protective equipment provided or required? (Ex. Goggles, Special Shoes, Helmet, Belt, etc.)

____ YES ____ NO (If yes, describe type): _____

Was such equipment being used or worn at the time of incident? ____ YES ____ NO (If yes, describe):

Were there any eyewitnesses to the incident? ____ YES ____ NO

(If yes, please list names and dept):

I, the undersigned, herewith certify that the above is true and correct statement of fact, and that I made such statement of my own free will.

Employee Signature: _____

Date: _____

Name of Supervisor: _____

Dept: _____

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