

EMPLOYEE INCIDENT REPORT

Name of Employee: _____ Date of Incident: _____

Title: _____ Employee A#: _____

Residence Address: _____

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

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

Dept. Where Incident occurred: _____ 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: _____

Supervisor Signature: _____ Dept.: _____