



Incident Report

Please fill out this form immediately following an accident regardless if there was an injury. If more than one person was injured please use an additional form.

1. Document
2. Sign
3. Send

1 Document

Please take at least five photos of the area where the incident happened. Email them to office.manager@leadersfurniture.com



Person Involved

First & Last Name

() -
Phone #*

Email Address*

*The person involved is not required to give us their contact information. This is only if they would like us to follow up with them.

Description of Incident

Description of Injury, If Any (Please list the specific body part(s) affected)

Were Emergency Services Called

Yes

No

Did the Person Involved Refuse Treatment?

Yes

No

Safety & Prevention: What steps if any were immediately taken to prevent a similar incident?

Witnesses

1

Name

Contact Information

2

Name

Contact Information

3

Name

Contact Information

2

Sign

/

/

Date

am

pm

Time

Print

Sign

3

Send

Once the form is complete scan and email it to:

✓

office.manager@leadersfurniture.com

✓

HR@leadersfurniture.com

