

# INCIDENT REPORT

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Social security number: \_\_\_\_\_ Full time/Part time: \_\_\_\_\_

Employee's address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date incident took place: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

If medical attention was required \_\_\_\_\_

Physician's name: \_\_\_\_\_

Medical facility: \_\_\_\_\_

## Witness 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## Witness 2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_