

INCIDENT REPORT

Name of Injured Person(s):

Person Injured: _____ Guest _____ Non-Guest _____ Employee

Address:

Telephone Home:

Telephone Cell:

Date of Accident:

Time of Accident:

Location of Accident:

Witness Name:

Phone Number:

Witness Name:

Phone Number:

Description of incident including sequence of events prior to accident:

Full Description of Injuries:

Cause of accident. Explain unsafe act, unsafe condition, personal factor that contributed to accident:

Report Completed by:

Date of Report:

Job Title:

Signature:

Status of situation/Outcome of incident:

Supervisor's Name:

Date of Review:

Job Title:

Reviewer signature: