Incident Report Form

Please complete this form and return to main office within 24 hours of the incident.

EMPLOYEE INFORMATION

EMPLOYEE COMPLETES THIS SECTION

Job location: ______________________ Employee ID: ______________________

Employee name (print): ______________________ Gender: Male Female

Address: ______________________ City: __________ State: ______ Zip: ________

Phone: ______________________ Work Phone: ______________________

Department: ______________________ Title Code/Job Title: ______________________

Work Hours: ______________________ Hours Worked Per Week: ______________________

Employment Type: Full-Time Part-Time Career Limited Appointment Volunteer

INCIDENT INFORMATION

Date of Incident: ______________________ Time of Incident: ______ **:** ______ AM PM

Location of Incident: ______________________

Incident Address: ______________________ City: __________ State: ______ Zip: ________

Precautions taken:

Describe how the incident occurred.

Was incident reported? Yes No If “Yes”, to whom? ______________________ Date Reported: ________

Was there a witness? Yes No Unknown

Witness #1 (Full Name): ______________________ Phone: ______________________

Witness #2 (Full Name): ______________________ Phone: ______________________

Witness Statement:

Employee signature: ______________________ Date: ______________________

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

SUPERVISOR SECTION

Supervisor Name: ______________________________ Work Phone: _____________ Work Email: ________________________

Employee name: ____ Police report: ______________________________________

Was prior approval of work given? Yes No

Was employee escorted? Yes No Unknown If “Yes”, Name of Escort: ___________________________

Was there equipment involved? Yes No If “Yes”, what was the equipment? ______________________________

What action will be taken to prevent recurrence? ____

Comments: ____

Type of work being performed:

Additional Comments:

Name: ____ Title: ____________________________________

Signature: ____ Date: ____________________________________