



Employee Incident Report

Name of Employee: _____ Date of Incident: _____

Title: _____ Social Security Number: _____

Residence Address: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Dept. where incident occurred: _____ Day of Week and 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 the 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: _____

Name of Supervisor: _____ Dept: _____