

INCIDENT REPORT

Incident

Date of Incident: _____ Location of Incident: _____ Time of Incident: _____ AM
YY/MM/DD PM

Type of Incident: *Personal Injury* *Property Damage* *Theft* *Vandalism* *Environmental* *Other*

Name of Person Involved: _____

Address: _____

Phone: _____ Emergency Contact: _____

Age: _____ Known Estimated

Comments: _____

Cause and Description of Incident:

Details of Incident Location: (Take photographs or draw a diagram, if possible.)

Weather: Dry Wet Snowing Below Freezing Other Conditions (explain)

Corrective Action Taken by Staff:

Police Called: Yes No File # _____ Fire: Yes No File #: _____
Ambulance: Yes No File # _____

Witnesses: Name _____ Phone _____
Name _____ Phone _____

Other Employees Involved: No Yes Provide Names: _____

Name of Person Completing Report: _____ Signature: _____ Date: _____
(print) YR/MM/DD

Supervisor's Name: _____ Signature: _____ Date: _____
YR/MM/DD