

Incident Report Form

Instructions: Please complete this form in its entirety within 12 hours of the incident.

Type of Incident: <input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Accident
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft	
<input type="checkbox"/> Other (Please explain _____)		

Date of Incident: _____	Time of Incident: _____
Location of Incident: _____	
Reported by: _____	

Involved Individual: _____	
Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visitor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Role: _____	
Supervisor: _____	
Role in Incident: _____	
Address (for non-employees): _____	
Phone Number(s): _____	
Email Address _____	

Involved Individual: _____	
Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visitor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Role: _____	
Supervisor: _____	
Role in Incident: _____	
Address (for non-employees): _____	
Phone Number(s): _____	
Email Address _____	

Involved Individual: _____	
Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visitor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Role: _____	
Supervisor: _____	
Role in Incident: _____	
Address (for non-employees): _____	
Phone Number(s): _____	
Email Address _____	

If needed, attach a separate sheet detailing additional involved individuals.

Witnesses:

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

If needed, attach a separate sheet detailing additional witnesses.

Description of Incident:

Injuries/Losses:

Hospitalization Required: Yes No Physician Visit Required: Yes No

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Attending Physician: _____

Post-Accident Drug Testing Required: Yes No

Drug Testing Center Name: _____

Drug Testing Center Address: _____

Drug Testing Center Phone Number: _____

Law Enforcement Contact Required: __Yes __No
Date and Time of Contact: _____
Law Enforcement Agency Name: _____
Law Enforcement Agency Address: _____
Law Enforcement Agency Phone: _____
Report Number (if applicable): _____

Other Notes:

Prepared By:

Submitted By:

Name

Position

Name

Signature

Signature

Date of Completion

Date of Completion