INCIDENT/ACCIDENT REPORT FORM

INSTRUCTIONS
Fill out this form as completely as possible to report a incident/accident that resulted in injury, illness, property damage, etc.
Return completed form to:

Brad Sidener, Senior vice president

THIS FORM SERVES TO DOCUMENT *select all that apply*

ACCIDENT ☐	FIRST AID ☐	INCIDENT ☐	PROPERTY DAMAGE ☐	OBSERVATION ☐

INDIVIDUAL AFFECTED To be filled in by person injured / involved, if possible.

NAME OF PERSON COMPLETING REPORT	SUPERVISOR NAME(if Applicable)	DATE OF REPORT

PERSON(S) INVOLVED (include contact info if possible)	EQUIPMENT / VEHICLES INVOLVED

INCIDENT/ACCIDENT DETAILS

LOCATION	DATE OF INCIDENT	TIME

WITNESSES

INCIDENT/ACCIDENT DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

Was event / injury caused by an unsafe act (activity or movement or an unsafe condition, i.e., machinery or weather)?

TO BE COMPLETED ONLY IF LOST TIME / INJURY OR FIRST AID WAS REQUIRED	
TYPE OF INJURY SUSTAINED:	
CAUSE OF LOST TIME / INJURY OR FIRST AID:	

Was medical treatment necessary?	If yes, name of hospital / physician:
YES ☐ NO ☐	

Please print and give to supervisor.

EMPLOYEE SIGNATURE	**DATE**	**SUPERVISOR SIGNATURE**	**DATE**

Print