

## INCIDENT REPORT (Injured Person)

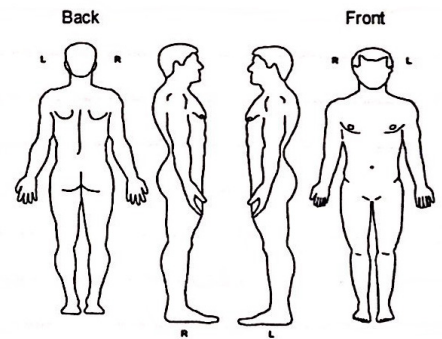
To be filled out by Involved Person on the day of occurrence.

Date of Report:	Job Number:	Time:	AM	PM	Supervisor:
_____	_____	_____	_____	_____	_____

Employee Name:	Badge Number:	Last four of Social:	
_____	_____	_____	
Address:	City:	State:	Zip Code:
_____	_____	_____	_____
Phone Number:	Date of Birth:	Age:	
_____	_____	_____	

Employee Craft:	Length of time in Craft:	How long on this project?	Buddy System Partner:
_____	_____	_____	_____

Exact location of Incident:	
_____	
Date of Incident:	Time of Incident: AM PM
_____	_____
Tools or Equipment Used:	
_____	
Your activity before incident:	
_____	
What PPE (if any) was being used?	
_____	



Body Part injured (Please also indicate on the diagram above)

\_\_\_\_\_

Employee's Description of incident:

\_\_\_\_\_

\_\_\_\_\_

Providing inaccurate and/or false information may be a violation of the law and subject to fine or termination of employment. If claiming an injury, I declare that the injury involves only the body part(s) claimed in this report. I have listed and circled them on this forms diagram.

Employee Signature:	Date:
_____	_____

Safety / Medic Signature:	Date:
_____	_____

Name of Witness(es):	Name of Witness(es):
_____	_____