



NON-INJURY INCIDENT REPORT (Involved 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:

Employee's Description 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?

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 the diagram above.

Employee Signature: Date:

Safety / Medic Signature: Date:

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