

**2017
INCIDENT REPORT**

NAME OF INJURED

INJURY DATE

TIME

MALE FEMALE

DATE REPORTED

AGE

CIRCLE ONE: EMPLOYEE VISITOR

NAME OF PERSON REPORTING INCIDENT

NAMES AND CONTACT INFO. OF WITNESSES:

WHERE INCIDENT OCCURRED:

NATURE OF INJURY OR PROPERTY DAMAGE:

HOW INCIDENT OCCURRED:

TYPE OF TREATMENT GIVEN FOR INJURY

TREATMENT GIVEN BY:

COMMENTS:

Please turn form to the Administration Office.