

# 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 in to the Administration Office.**