



Incident Report Form

Use this form to report any out-of-the ordinary events during your shift, including injuries, arguments, etc...Fax a copy to us at 1-888-349-0035 and we'll keep a copy in your file should it be needed in the future. Use additional paper if necessary.

DETAILS

Business Name: _____

Date _____ Time _____ Location (dining area, bar, kitchen) _____

Describe the injury or incident:

What happened? How did it happen?

Were there any witnesses? _____ If so, give their contact details (name, phone, address)

INJURED PERSON(S)

Name _____ Age _____ M F Employer _____

Address _____ Phone _____

(Complete a separate form for each injured person.)

TREATMENT DETAILS

None First Aid Advised to see own physician ASAP Ambulance called Took themselves to Hospital

Other details _____

ACTION

What action has been taken to prevent a recurrence? _____

FORM COMPLETED BY:

Name _____ Title _____ Phone _____

Address _____ Date _____