

# Employee Incident Form

Date: \_\_\_\_\_

Employee	Supervisor
Name:	Name:
Position:	Position:

Incident
Date:
Time:
Physical Location:
Project / Activity:
Result: <input type="checkbox"/> Near Miss <input type="checkbox"/> Accident
Hazards:
Impacts:

Classify Incident
<input type="checkbox"/> Accident <input type="checkbox"/> Negligence <input type="checkbox"/> Interpersonal <input type="checkbox"/> Lack of Training <input type="checkbox"/> Vandalism <input type="checkbox"/> Other: _____

Description of Incident (Include Reasons of Causations)

Employee Explanation

Witnesses

Immediate Actions Taken to Reduce or Eliminate the Hazard

Action to be taken
<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Training <input type="checkbox"/> Written Warning <input type="checkbox"/> Probation <input type="checkbox"/> Suspension <input type="checkbox"/> Dismissal <input type="checkbox"/> Other: _____

Explain Action

By Signing this document, you acknowledge that you have read and understood information contain

_____ Employee	_____ Manager/Supervisor
_____ Date	_____ Date