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| Document no: | HR00032 |
| Rev: | A |
| Effective date: | 1/17/2020 |



FACTS OF ACCIDENT/INCIDENT OR INJURY

INJURY ILLNESS INCIDENT PROPERTY DAMAGE

WHERE DID INCIDENT OCCUR?

___ Click here to enter text. _____

DATE OF INCIDENT Click here to enter text. TIME OF INCIDENT Click here to enter text. AM/PM

WHAT WAS EMPLOYEE DOING WHEN INCIDENT/ACCIDENT OR INJURY OCCURRED?

Click here to enter text.

EXPLAIN HOW THE INCIDENT OCCURRED. LIST EVENTS THAT RESULTED IN INJURY OR INCIDENT, WHAT HAPPENED, HOW IT HAPPENED AND NAME OBJECTS AND HOW THEY WERE INVOLVED.

Click here to enter text.

DESCRIBE INJURY AND TREATMENT DATE:

Click here to enter text.

EMPLOYEE SIGNATURE Click here to enter text.

DATE: Click here to enter text.

SUPERVISOR'S SIGNATURE Click here to enter text.

DATE: Click here to enter text.

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REVISION HISTORY

| Rev. | ECO No. | Revision date | Revised by: | Description of Change |
|-------------|----------------|----------------------|--------------------|------------------------------|
| Rev.A | | | | First document |
| Rev.B | | | | |
| Rev.C | | | | |
| Rev.D | | | | |
| Rev.E | | | | |