

Employee incident report

Organization name: _____

To be completed by the involved employee.

Employee name: _____

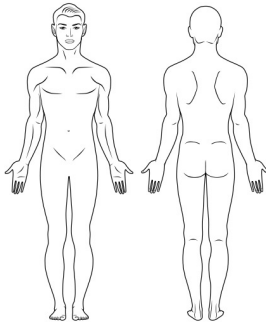
Title: _____ Phone: _____

Date of incident: _____ Time of incident: _____

Were you injured? Yes No Were others involved? Yes No Is everyone OK? Yes No

Address and location of incident: _____

Describe the affected body parts. Where does it hurt? What does it feel like?



Please tell the story of what happened: _____

What else do we need to know? Do you think there is anything that could have prevented this from happening?

Employee signature: _____ **Date:** _____

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.