

Workplace Incident Report - Mac's Creek Winery & Brewery

Report Date: _____

PERSON INVOLVED/INJURED

Name: _____ Role: Employee
Address: _____ Visitor/Guest
_____ Other: _____

Phone Number: _____

Email: _____

DETAILS OF INCIDENT/ACCIDENT

Incident Date: _____ Incident Time: _____

Location of Incident/Accident: _____

Injuries: _____

Action Taken: First Aid Provided; Ambulance called; Taken to Hospital; Police called

Details: _____

WITNESSES

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

FOLLOW UP

COMPLETED BY

Name: _____ Name: _____

Signature: _____ Signature: _____