

# 123 CHILD DEVELOPMENT CENTER

## SAFETY INCIDENT REPORTING FORM

### EMPLOYEE INFORMATION:

Employee Name: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

### INCIDENT INFORMATION:

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident:

*Please provide a detailed account of what happened*

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Type of Incident:

- ☐ Slip/Trip/Fall
- ☐ Equipment Accident
- ☐ Exposure to Hazardous Material
- ☐ Fire/Explosion
- ☐ Negligence
- ☐ Workplace Violence
- ☐ Other:

# SAFETY INCIDENT REPORTING FORM

## EMPLOYEE INJURY OR ILLNESS:

**Injuries/Illness Sustained:**

*If applicable, provide details of any injuries or illnesses sustained during the incident.*

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Was Medical Treatment Required: ☐ Yes ☐ No

## WITNESS INFORMATION:

**Witness Name:**

**Phone Number:**

**Witness Statement:**

*Include details of what the witness observed during the incident.*

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**Witness Signature:**

**Date:**

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## SIGNATURES:

**Employee Signature:**

**Date:**

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**Supervisor/Manager Signature**

**Date:**

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