

INCIDENT REPORT

It is very important that this report is a complete statement of the incident FACTS. Unless you were a witness, please avoid your personal opinion or conclusions. Be thorough and complete ALL sections. Please call your Supervisor if you have any questions.

1. Store Number: _____

2. Date incident occurred: ____/____/____ Time of incident ____:____ AM PM

3. Date Incident Report was completed: ____/____/____ Time of incident ____:____ AM PM

4. Name of person(s) involved: _____

Street Address: _____

City: _____ State _____ Zip: _____

Phone # (home): _____ Phone # (work): _____

Name of person(s) involved: _____

Street Address: _____

City: _____ State _____ Zip: _____

Phone # (home): _____ Phone # (work): _____

5. Was the person an employee? YES NO

6. Was medical attention or first aid required? YES NO

7. Did the person see a doctor? YES NO

8. Name and address of any emergency services: _____

FACTS OF INCIDENT:

9. Fully describe and diagram the location where the incident occurred:

DIAGRAM:

10. Fully describe what happened. If necessary, attach a separate sheet. What happened?

When did it happen? Who witnessed the incident? _____

11. What did the person or any witnesses say after the incident? Be specific and complete. If necessary, attach another sheet: _____

12. Describe the condition of the area around the incident: _____

13. When was the last time the area was inspected?

Date: ____/____/____ Time: ____:____ AM PM By whom?: _____

14. If this was a slip or fall accident, was the employee wearing Shoes for Crews? YES NO

15. If applicable, describe shoes worn by the person: _____

16. Were photos taken of the scene? YES NO

If yes, please include with the report.

17. Was a foreign object found in the food? YES NO

If yes, please answer the following questions:

a. Shipper, date delivered, pack, box contents: _____

b. Identify the article found and who found this article: _____

18. Please make any comments you feel are related to this incident which are not covered on this Incident Report. If necessary, attach a separate sheet: _____

WITNESSES: IMPORTANT: PLEASE PROVIDE NAME(S) OF ALL WITNESSES. IF NECESSARY, ATTACH A SEPARATE SHEET.

19. How many witnesses were there? _____

a. Name of witness: _____ Phone: _____

Address: _____

b. Name of witness: _____ Phone: _____

Address: _____

c. Name of witness: _____ Phone: _____

Address: _____

d. Name of witness: _____ Phone: _____

Address: _____

20. Witnesses' relation to injured (if any)

- a. _____
- b. _____
- c. _____
- d. _____

***NAME OF PERSON COMPLETING REPORT:**

Print Name

Signature

***MANAGER**

Print Name

Signature

NOTE: PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS AND GIVE THE ORIGINAL INCIDENT REPORT TO YOUR MANAGER, SUPERVISOR, OR OPERATIONS DIRECTOR.

LEGAL DOCUMENT. COMPLETE ALL QUESTIONS.