



INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, or employee incidents. A report should be completed immediately at the time of the incident and no later than 24 hours of the event. **Return the completed form to the Store Manager.**

PERSON INVOLVED

Full Name: _____

Phone: _____ E-Mail: _____

THE INCIDENT

Date of Incident: _____ Time: _____ AM PM

Location: _____ *USE THE BACK OF THIS FORM to describe the incident.*

INJURIES

Was anyone injured? Yes No *USE THE BACK OF THIS FORM to describe the injuries.*

WITNESSES

Were there witnesses to the incident? Yes No

USE THE BACK OF THIS FORM for witness info and description of the incident.

POLICE / MEDICAL SERVICES

Police Notified? Yes No If yes, was a report filed? Yes No

Was Medical treatment sought? Yes No Refused

Where was medical treatment provided? On site Hospital Other: _____

PERSON FILING REPORT

Print Name: _____

Signature: _____ Date: _____

{OVER FOR ADDITIONAL INCIDENT INFORMATION}

