

Incident/Accident REPORT

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
Phone Number		Email	
<input type="checkbox"/> Employee	<input type="checkbox"/> Resident	<input type="checkbox"/> Vendor	<input type="checkbox"/> Other:
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	Wage

INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time of Incident	Police Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident			
Description of Incident (what happened, how it happened, factors leading up to the event, etc.) Be as specific as possible (attach additional sheets if necessary)			
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include name & phone number			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information know about the resulting injury(ies).			
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where was treatment provided? <input type="checkbox"/> On Site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other			

REPORTER INFORMATION	
Individual Submitting Report (print name)	
Signature	
Date Report Completed	

Please file this form with HR department within 24 hours of incident. HR@phx3.com