

Witness to Employee Incident Report
(MUST be filled out & submitted within 24 hours of injury)

The purpose of this report is to prevent similar incidents from occurring. Remember, we are fact finding, not fault finding. Please make this report as accurate and thorough as possible.

Witness Name: _____ Time: _____ AM PM

Job Title/Occupation: _____ Work Phone: _____

Incident: Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM PM

Injured Employee: _____

Incident Description

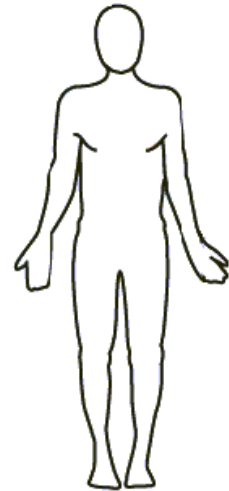
Location of incident (entrance, loading dock, bathroom, etc.)

Describe in detail how the incident occurred and what the employee was doing when it occurred.

What unsafe act(s) or condition(s) contributed to the incident?

What body part(s) were affected?

What is at least one thing that can be done to prevent this type of incident from happening again?



Circle Affected Body Part

Witness Signature: _____ Date: _____

Please send a digital version of this completed form to: HR at jtoth@easternhancock.org

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