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 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? Circle Affected **Body Part** What is at least one thing that can be done to prevent this type of incident from

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

Date:

Witness Signature:

happening again?

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