



Incident/Accident/Illness Report

Type of Incident: (please circle) **Property** **Employee (Pivotal)** **OTHER**

Name of Employee: _____

Date of Incident: _____

Time of Incident: _____

Location of incident: _____

Name/Title of Person reporting: _____

Date of Report: _____

Time of Report: _____

List any Witnesses: _____

Description of Incident & Action Taken: (include any cause and/or extent of injuries)

What will be done if the incident/accident/illness occurs again?

Is a meeting needed?

If so, with whom and to what purpose?

Signature: _____ **Date/Time:** _____