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| **Report prepared by: Date:**  Click or tap here to enter text.Click or tap to enter a date. |
| **This incident report concerns:**  Employee  Tenant  Visitor |
| **Name, telephone, and address of person involved in incident:**  Click or tap here to enter text. |
| **Date, time, and location of incident:**  Click or tap here to enter text. |
| **Describe fully the incident and how it happened (if applicable, describe nature of injury and equipment/materials in use at time of incident):**  Click or tap here to enter text. |
| **Were proper procedures in place and followed at time of incident? If no, please explain.**  Yes  No  Click or tap here to enter text. |
| **Witness(es) name, telephone, and statement if applicable.**  Click or tap here to enter text. |
| **List type of first responders called/arrived at scene and responder reference number if applicable.**  Click or tap here to enter text. |
| **Was medical treatment required? If so, what kind of treatment. Include name of doctor and/or hospital if applicable.**  Yes  No  Click or tap here to enter text. |
| **Resulting action executed, planned, or recommended. Include any recommendations to prevent reoccurrence.**  Click or tap here to enter text. |
| **Employee/Tenant/Visitor** **Signature:** **Date:** |