

EMPLOYEE INCIDENT REPORT

Date _____

Employee Name _____ Supervisor Name _____

Address _____ Supervisor Phone _____

Phone _____ Was this part of your normal job task? Yes
No

Incident: Date _____ Time _____

Location/Address of Incident _____

Description of Incident

Employee Explanation (Please use back of page if needed)

Witnesses: _____

County Vehicle plate # _____ County vehicle VIN # _____

Who else was involved:

Was medical attention required? None First Aid Clinic Emergency Room

Explain:

What part of body was injured? _____

Did employee lose any time from work? _____ Did employee return to work? _____

Was drug test given? _____ By Whom: _____

Was police report taken? _____ Officer Name _____ Dept. _____

Was a citation issued?

Was PPE used? _____ If so, what was it? _____

Who did you notify? _____ When? _____

Employee Signature Date Supervisor Signature Date

HR Director Date Safety Coordinator Date