



## Accident and Safety Incident Report Form

Date of Incident:	Location:
Individual(s) Involved:	Contact:
Home Phone:	Cell Phone:
Address:	
<p><u>Please Identify the type of incident being reported (place an X next to the incident):</u></p> <p>Injury Occurrence:</p> <p>Potential for injury:</p> <p>Dangerous facility:</p> <p>Dangerous situation:</p> <p>Other (please specify):</p>	
<p>Incident report (please describe in detail the incident):</p>	
Signature:	Date:

Please supply supporting documents whenever possible (eg. Ambulance, reports, etc.)