

**Employee Description of Incident**

Report Number:

Job Number:

Job Name:

Location:

Employee's Name:

Social Security #:

Specific Area:

Date & Time of the Incident:

Date & Time of this Report:

Please describe in your own words, the facts concerning the incident:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_