

RISK MANAGEMENT
GENERAL PUBLIC INCIDENT REPORT

DATE: _____ TIME OF INCIDENT: _____

LOCATION: _____

NAME OF INJURED PARTY: _____

ADDRESS: _____

PHONE/EMAIL: _____

NATURE OF INJURY: _____

SUPERVISOR IN CHARGE: _____

INCIDENT DESCRIPTION: _____

WITNESSES:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

WHO IN RISK MANAGEMENT NOTIFIED: _____

SITE SUPERVISOR SIGNATURE: _____

******PLEASE FORWARD THIS REPORT TO RISK MANAGEMENT WITHIN 48 HOURS OF INCIDENT******