

INCIDENT REPORT

DATE OF INCIDENT _____ STORE LOCATION _____

EMPLOYEE(S) INVOLVED _____

DESCRIPTION OF INCIDENT _____

CAUSE OF INCIDENT _____

RESULT OF INCIDENT (damage) _____

WAS INJURY CAUSED ? yes ___ no ___ COMMENTS _____

WERE PROPER PROCEDURES BEING FOLLOWED ? yes ___ no ___ COMMENTS _____

CORRECTIVE ACTIONS TAKEN _____

DATE CORRECTIONS COMPLETED _____

employee signature

date

manager signature

date