NON-EMPLOYEE INCIDENT REPORT / REPORT OF INJURY

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| **Injured Person’s Full Name** | | **Date of Birth** |
| **Address** | | **Telephone** |
| **Location of Incident** | | **Date Occurred: Time Occurred:** |
| **Injuries/Illness Sustained: Yes**☐ **No**☐ **If yes, describe:** | **Medical Treatment: Yes**☐ **No**☐ **If yes, describe:** | |
| **Witness Name** | | **Telephone** |
| **Address** | | **Email** |
| **Witness Name** | | **Telephone** |
| **Address** | | **Email** |
| **Narrative:** *Continuation of above items(s) and description of the incident, including exact injury sustained and contributing factors.* | | |
| **Name of Person Completing Form (if other than injured person)** | | |
| **Signature of Person Completing Form** | | **Date** |

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| **Narrative Continuation** |
| **Describe any other action taken** |
| **Recommendations for preventing similar incident in the future** |