

INJURY/ILLNESS REPORT - CUSTOMER

STORE NAME: _____

LOCATION: _____

NAME: _____ PHONE : _____

ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OCCURRENCE OF INJURY/ILLNESS INCIDENT:

DATE OF INCIDENT: _____ TYPE OF INCIDENT: _____
(Injury or Illness? If injury, what part of body was involved, etc.? If illness, what kind of illness?)

TIME OF INCIDENT: _____ WHERE INCIDENT OCCURRED: _____

DID THIS INCIDENT REQUIRE MEDICAL ASSISTANCE: Yes _____ No _____

DESCRIBE THE INJURY/ILLNESS INCIDENT:

WAS THERE A WITNESS (S) TO THIS INCIDENT? Yes _____ No _____

NAME, ADDRESS, AND SIGNATURE OF WITNESS (s):

1. _____

2. _____

3. _____

NOTIFICATION

Name of Manager notified: _____ Time Notified: _____

I, the undersigned, agree with the all the information outlined above:

Manager's Signature: _____ Date: _____

Signature of injured party: _____ Date: _____
(When Possible.)