

# Notice of Incident

Date \_\_\_\_\_ IR # \_\_\_\_\_ (Call Brian Huffman at 407-497-0214 for IR#)

Job Name \_\_\_\_\_ Job Location \_\_\_\_\_ Job Number \_\_\_\_\_

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_

Time Reported \_\_\_\_\_ Date Reported \_\_\_\_\_

Time of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Description of Incident \_\_\_\_\_

How Incident Occurred \_\_\_\_\_

Action Taken \_\_\_\_\_

Any Necessary Precautions to Prevent Future Incidents \_\_\_\_\_

**If there is an injury and the employee refuses medical treatment; have him/her sign below and a brief description of why.**

Employee Signature:

\_\_\_\_\_

Supervisor Signature \_\_\_\_\_

August 6, 2007