



INCIDENT REPORT

INFORMATION ABOUT THE EMPLOYEE

Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Telephone Number: (_____) _____ Cel Phone: (_____) _____

DESCRIPTION OF INCIDENT OR SITUATION

Date of incident or onset of illness: _____ Time of incident: _____ am/pm

What were you doing just before the incident occurred? (i.e., grinding a part, using a power air driver, moving a tote, etc.)

What happened? How did you injure yourself? BE SPECIFIC. (i.e., slipped in oil and twisted left knee, etc.)

What was the injury or illness? Describe the specific area injured and body part effected. (i.e., left hand, middle finger, etc.)

Where did the incident occur? Describe specific line, plant, or work station. (i.e., Plant 4, Line 352, Station 6, etc.)

Factors that may have led to your accident or injury (i.e. unsafe conditions, unsafe or careless action, etc.)

Do you need Medical Treatment?

YES

MEDICAL RELEASE AUTHORIZATION

I verify the above information is accurate and I hereby authorize the release of any pertinent medical information regarding this injury/illness from all medical services to the EG Health Service Department for the sole purpose of injury management of this claim.

Signature: _____ Date: _____
EG Staff Member: _____ Date: _____