

□ INJURY	□ DAMAGE		□ SPILL	□ OCCUPATIONAL ILLNESS		□ NEAR MISS
☐ CLOSE CALL (An Incident without injury/damage/spill/occupational illness/near miss, but had the potential for)						
NAME		COMPANY			DIRECT SUPERVISOR	
INCIDENT DATE		INCIDENT TIME			INCIDENT LOCATION	
YOUR INVOLVEMENT IN THE INCIDENT:						
□ DIRECTLY INVOLVED IN INCIDENT						
□ WITNESS						
DETAILED DESCRIPTION OF INCIDENT						
PRINT NAME		S	SIGNATURE			
DATE OF SIGNATURE		TELEPHONE NUMBER				

USE BACKSIDE FOR DIAGRAMS AND ADDITIONAL INFORMATION