



## INJURY / INCIDENT REPORT

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting:  Near Miss     Equipment Damage     Vehicle Damage     Spill / Contamination  
 Minor Injury     Major Injury     Other (specify): \_\_\_\_\_

### LOCATION INFORMATION

Location: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ GPS: N \_\_\_\_\_ ° W \_\_\_\_\_ °

City / County / State: \_\_\_\_\_

Was medical attention needed?     YES     NO

### DESCRIPTION OF INJURY / INCIDENT

### ACTIONS TAKEN

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

PICTURES



PICTURES

