

Allin Aquaculture Facility Incident Report

[to be completed by employee only]

Today's Date: ___/___/___ Time of this report: ___:___ am pm

Employee name: _____ Date of Birth: ___/___/___
(First) (Middle) (Last)

Social Security Number: ___-___-___ Telephone: ___-___-___

Home Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Have you told your supervisor about this incident? yes no

Date of Incident: ___/___/___ Time Started Work: ___:___ am pm Time of Incident: ___:___ am pm

Location of Incident: _____
(area of worksite)

In your words, describe fully how the incident happened, including what specific activity you were doing just before and when the incident took place, as well as the chain of events leading up to the incident:

(Continue on back if more space is needed.)

Describe what part of your body is injured/hurt and in what way: _____

Can you think of anything you could have done differently or how possibly we can prevent this incident from happening again?

Did anyone witness the incident? yes no If yes, who: _____

Signature of person incident was reported to: _____ Date/Time: _____

Course of action taken following incident if injury was sustained: _____

Was there property damage? yes no If yes, what property/equipment was damaged? _____

Describe the damage: _____
