

Incident Analysis Employee Statement

Employee & Incident Information

Name: _____	Address: _____
Birth Date _____	Phone # _____
Badge # _____	Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Salary _____
Date of Incident: _____	Time of Incident _____
Date Reported _____	Time Reported _____
Have you ever injured this body part before? _____	If so, when? _____

Employee Statement

Your statement is critical to develop a thorough investigation. Please tell us what happened. Be as specific as possible and provide as much detail as you can. Thank you

Prevention

Please explain in detail how you would prevent this from happening again. You may include ideas for new equipment, changes in process, floor layout, etc. Anything that you can think of. Thank you.

Certification & Review

I certify that the statement above is true to the best of my knowledge

Employee Signature _____	Date _____
Reviewed by: _____	
Investigator Signature _____	Date _____