

ARCHDIOCESE OF MOBILE EMPLOYEE INCIDENT REPORT

PARISH/FACILITY NAME _____

EMPLOYEE'S NAME _____

EMPLOYEE'S SOCIAL SECURITY NUMBER _____

EMPLOYEE'S BIRTHDATE _____

DATE & TIME OF INCIDENT _____

DATE REPORTED _____

WHAT WERE YOU (THE EMPLOYEE) DOING WHEN THE ACCIDENT OCCURRED? (Be specific. If you, (employee) were using tools or equipment or handling material, name them and tell what you (employee) were doing with them.)

Explain how the incident occurred. List events that resulted in injury, what happened, how it happened and name objects and how they were involved (use a separate sheet if necessary.)

DESCRIBE THE INJURY (Be specific as to what body parts of whether it is left or right side.) _____

NAME OF ANY WITNESSES: _____

EMPLOYEE'S SIGNATURE

DATE SIGNED

This form must be completed by the employee unless extreme emergency prevents them from doing so. However, employee will have to complete as soon as circumstances allow. Fax completed form to Human Resources Manager at 251-434-1547.