

City of East Point
Incident Report

(This form is not to be used for Motor Vehicle Accidents)

Type of Incident: Injury/Illness Fire Theft Property Damage Other

Date of Incident: _____ Time: _____ Location: _____

Employee Name: _____ Last 4 Digits of Employee's SS#: _____ DOB: _____

Employee Address: _____ Employee Telephone Number: _____

Employee Department: _____ Employee Supervisor _____

Supervisor Telephone Number: _____ Time Supervisor Notified: _____

Description/Occurrence/Discovery: _____

If injury, provide nature of injury/illness: _____
(Strain, Laceration, Burn, Fracture, Etc.)

Part of Body: _____
(Back, Finger, Hand, Foot, Etc.)

Was injured employee taken to clinic/hospital? Yes No

Provide name of clinic/hospital: _____

(* Human Resources must be notified immediately of all injuries)

If property/equipment damage provide:

Property/Equipment Number _____ Year/Make/Model _____

Type of Damage: _____ Location of Damage Equipment: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Witness: _____
Name Address City Telephone Number

Note: Attach all photos, police reports, and other pertinent documents to Incident Form.