

EMPLOYEE INCIDENT REPORT

EMPLOYEE INFORMATION

Employee Name: _____ Employee Number: _____

Job Title : _____ Restaurant Location: _____

INCIDENT INFORMATION

General Description of Incident (Including Cause): _____

Date / Time of Incident: _____ Location of Incident: _____

What was employee doing at time of incident: _____

Was employee injured? ☐ Yes ☐ No If yes, describe injury? _____

What act(s) and / or condition(s) contributed to the incident? _____

What would you recommend to be done, or what have you already done to prevent this incident from reoccurring in the future? _____

Employee Signature: _____ Date: _____

Report Reviewed By: _____ Signature of Reviewer: _____