

TO BE COMPLETED BY MANAGEMENT/HR

INCIDENT INFORMATION:							
EMPLOYEE INVOLVE	D:				DATE AND TIME OF INCIDENT:	TODAY'S DATE	
EMPLOYEE ADDRESS	5:				EMPLOYEE PHONE NUMBER:		
CITY:					STATE:	ZIP CODE:	
DATE OF HIRE:			BIRTH DATE:		OCCUPATION:		
DATE OF TIME.			DIKTIT DATE.		OCCUPATION.		
	Γ	NEAD MICS		MENIT DAMAGE OF LOSS	☐ VEHICLE ACCIDENT ☐ PROPER	TV DAMAGE	
NATURE OF I					OMPLETE ATTACHMENT "A"		
MATORE OF I					YEE MUST COMPLETE ATT		
LOCATION OF INCID	<u> </u>			WEATHER AT THE TIME			
TASK AT THE TIME C	F INCIDENT:						
DESCRIPTION OF INC	CIDENT:						
TYPE OF INJURY:				BODY PART(S) AFFECTED:			
MEDICAL ATTENTIO	N SOUGHT AT:			<u> </u>			
WERE PHOTOS TAKE	EN?	BY WHOM/	WHEN:				
☐ YES ☐ NO							
WAS THERE A WITN	ESS PRESENT?	WITNESS NA	AME:				
☐ YES ☐ NO							
	1 ST REPORTED BY	<u> </u>	R	EPORTED TO:	DATE AN	ID TIME:	
REPORTING							
TIMELINE:	2 ND REPORTED BY	Y: REPORTED TO:			DATE AND TIME:		
INITIAL REPORT COMPLETED BY:							
HUMAN RESOURCES:							



TO BE COMPLETED BY INCIDENT INVESTIGATOR

EQUIPMENT OR PROPERTY DAMAGE:		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
DID INCIDENT RESULT IN DAMAGE TO PROPERTY OR EQUIPMENT? ☐ YES ☐ NO		
IN CASES INVOLVING PROPERTY DAMAGE, EMPLOYEE MUST COM	PLETE ATTACHMENT "B"	
DESCRIBE PROPERY OR EQUIPMENT:		
OWNER OF RAMACER FOUNDATIVE	DUONE II	
OWNER OF DAMAGED EQUIPMENT/PROPERTY:	PHONE #:	
DESCRIPTION OF DAMAGE:		
DID THE INCIDENT CAUSE AN INTERRUPTION IN WORK, OR USE OF PROPERTY? \Box Y	ES NO (IE VES DESCRIBE RELOW)	
THE INCIDENT CAOSE AN INTERNOT HOW IN WORK, OR OSE OF THOSE RITT:	LS LING (II 125, DESCRIBE DELOW)	
WILL AN INSURANCE CLAIM BE FILED? ☐ YES ☐ NO		
WAS THERE A WITNESS PRESENT AT THE TIME OF THE A	ACCIDENT/INCIDENT? YES	\square NO
ANY WITNESSES SHALL FILL OUT ATTACHMENT "C"		
WITNESS NAME:		
DESCRIBE WITNESS' LOCATION, INVOLVEMENT & TASK AT THE TIME OF THE INCIDEN	IT:	

(PAGE 1 OF 2)



WAS WORK COMPLETED IN CONFORMITY WITH SHEPLEY'S SAFETY PROGRAM? ☐ YES ☐ NO (IF NO, EXPLAIN BELOW)
WAS WORK COMMETED IN CONTONINT WITH SHELLET 3 SALETT MODILAM: 1125 11 NO (II NO, EXILIBATED ELLOW)
WHAT CONDITIONS ARE RELIGIOUS CALVES ON CONTRIBUTED TO THE INCIDENTS
WHAT CONDITIONS ARE BELIEVED TO HAVE CAUSED OR CONTRIBUTED TO THE INCIDENT?
DESCRIBE THE TRAINING REQUIRED TO PERFORM THIS WORK:
IS THERE A WRITTEN SAFETY PROGRAM COVERING THE ACTIVITY? YES NO (IF YES, ATTACH A COPY)
WHAT CORRECTIVE ACTIONS WILL BE TAKEN TO PREVENT THIS INCIDENT FROM HAPPENING IN THE FUTURE?
IS WORKER RETRAINING REQUIRED? YES NO (IF YES, DESCRIBE STANDARD AND TARGETED COMPLETION DATE BELOW)
S WOMEN TELEVISION OF THE SECOND STATE OF THE
TARGETED COMPLETION DATE:
ADDITIONAL COMMENTS:
ACCIDENT INVESTIGATION & SUBSEQUENT REPORT COMPLETED BY:



TO BE COMPLETED BY EMPLOYEE AND RETURNED TO MANAGEMENT

ATTACHMENT "A"				
EMPLOYEE'S STATEMENT OF INCIDENT AND INJURY				
	COMPLETE THIS FORM AFTER ANY INCIDENT O			
THIS FORM SHALL BE SUBMITTI EMPLOYEE INVOLVED:	ED TO MANAGEMENT NO LATER THAN 24 HO	DURS AFTER AN INCIDENT HAS OCCURI DATE AND TIME OF INCIDENT:	TODAY'S DATE	
LIVIT LOTEL INVOLVED.		DATE AND TIME OF INCIDENT.	TODAT STATE	
DESCRIPTION OF INCIDENT:				
DESCRIPTION OF INJURY:		INDICATE EXACT LOCATION OF II	NJURY OR DISCOMFORT:	
			(Del)	
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WILLAT DO VOLLETTI WAS THE CALISE OF THE INHIBY	AND WILLAT ACTIONS SHOULD BE TAKEN TO B	DEVENT A DECLIDRANCE OF THIS INCH	DENT?	
WHAT DO YOU FEEL WAS THE CAUSE OF THE INJURY	AND WHAT ACTIONS SHOULD BE TAKEN TO P	REVENT A RECURRANCE OF THIS INC.	DENI?	
STATEMENT OF INCIDENT AND INJU				
EMPLOYEE:	SUPERVISOR/MANAGER:	HUMAN RESOURCES:		

DATE SIGNATURE

SIGNATURE

DATE SIGNATURE



TO BE COMPLETED BY EMPLOYEE AND RETURNED TO MANAGEMENT

ATTACHMENT "B"					
EMPLOYEE'S STATEMENT OF INCIDENT AND PROPERTY DAMAGE					
COMPLETE THIS FORM AFTER ANY INCIDENT ON THE JOB. THIS FORM SHALL BE SUBMITTED TO MANAGEMENT NO LATER THAN 24 HOURS AFTER AN INCIDENT HAS OCCURRED.					
EMPLOYEE INVOLVED:			TIME OF INCIDENT:	TODAY'S DATE	
DESCRIPTION OF INCIDENT:					
DESCRIPTION OF PROPERTY DAMAGE:					
WHAT DO YOU FEEL WAS THE CAUSE OF THE DAMAG	E AND WHAT ACTIONS SHOULD BE TAKEN TO	PREVENT A	A RECURRANCE OF THIS II	NCIDENT?	
STATEMENT OF INCIDENT AND PRO	PERTY DAMAGE COMPLETED	BY:			
EMPLOYEE:	SUPERVISOR/MANAGER:		HUMAN RESOURCES:		
	COMPTINE.	5.475	SIGNATURE		
SIGNATURE DATE	SIGNATURE	DATE	SIGNATURE	DATE	



TO BE COMPLETED BY WITNESS AND RETURNED TO MANAGEMENT

ATTACHMENT "C"					
	WITNESS IN	FORMATION			
EMPLOYEE INVOLVED:			E AND TIME OF INCIDENT:	TODAY'S DATE	
WITNESS NAME (AND ADDRESS IF NOT A SHEPLEY EN	MPLOYEE):	WITNESS PHONE NUM	MBER:		
,	,				
WITNESS' TASK/LOCATION AT TIME OF INCIDENT:					
·					
DESCRIPTION OF INCIDENT:					
DESCRIPTION OF INJURY OR DAMAGE OBSERVED:					
DESCRIPTION OF INJORT OR DANIAGE OBSERVED.					
WITNESS STATEMENT OF INCIDENT					
WITNESS:	SUPERVISOR/MANAGER:		HUMAN RESOURCES:		
SIGNATURE DATE	SIGNATURE	E	ATE SIGNATURE	DATE	