



**Strada Electric & Security Incident Report**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employee #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Shift: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

Location of Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Time of Accident: \_\_\_\_\_  AM  PM

Time Reported: \_\_\_\_\_  AM  PM

Description of Accident (Attach diagram if possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDOORS**

Quality of Lighting  Poor  Good  Excellent

Type of Flooring  Concrete  Carpet  Tile

Wood  Other: \_\_\_\_\_

Condition of Floor  Dry  New Carpet

Wet  Freshly Waxed

**OUTDOORS**

Weather Conditions  Clear  Rain

(If applicable)  Other: \_\_\_\_\_

Condition of Surface: \_\_\_\_\_

\_\_\_\_\_

Other Conditions: \_\_\_\_\_

\_\_\_\_\_

List tools, chemicals or machinery involved in this accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witnesses:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accident Report (continued)**

Describe injuries and part of the body affected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a fatality occur?  Yes  No

Medical attention given:

First Aid given by Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Examined by Doctor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Taken to Hospital by Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
 Released  Admitted Length of Stay: \_\_\_\_\_

Family Notified by Name: \_\_\_\_\_

Future action to be taken, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared by: _____	Date: _____	<input type="checkbox"/> Cause determined & corrected <input type="checkbox"/> Reported to personnel dept <input type="checkbox"/> Damaged equipment replaced or repaired <input type="checkbox"/> Insurance contacted
Supervisor on duty: _____	Date: _____	
Approved by: _____	Date: _____	