

Restaurant Employee Accident Incident Report

Employee Information

Employee Name

Employee ID

Job Title

Supervisor Name

Date of Hire

Incident Details

Date of Incident

Time of Incident

Location

Describe the Incident

Possible Cause(s) of the Incident

Describe any Injuries Sustained

Action Taken

First Aid / Treatment Administered

Reported To

Witnesses (Name and Contact)

Preventive Actions Suggested

Signatures

Employee Signature

Date

Supervisor Signature

Date