

Incident/Near Miss Report



PRINT Employee's Legal Name Employee #:		Job Title	Date of Birth / /	Incident Date / /	Incident Time : AM PM
Social Security No.	Terminal/Location	Employee Address		City, State, Zip	
Phone Number	Sex F M	Supervisor's Name		Time Employee Arrived at work. : AM PM	
Date of Hire:					
Injured body part(s) and what type of injury occurred:			Where did the incident occur? Name and address		
What happened?					
What was the employee doing before the incident?			What object or substance harmed the employee?		
<p>Waiver of Medical Treatment: Check appropriate box, sign and date</p> <p><input type="checkbox"/> After reporting my injury, I declare that medical treatment is not necessary and I elect not to receive professional medical treatment at this time. I still reserve the right to seek treatment at a later date if a problem should arise. I understand that if I leave the business at the completion of my shift and my specific situation should happen to change which would require medical attention, I am to seek medical attention immediately. It then becomes my responsibility to contact any of the following personnel at Magnum; Terminal Manager, Supervisor, or the next individual in charge and explain my situation. I agree that communication will be completed prior the start of my next shift following my medical treatment.</p> <p><input type="checkbox"/> After reporting my injury I have decided to seek medical treatment. I will be transporting myself to the Designated Medical Provider and do not require further assistance from Supervalu at this time. I further understand that I am to proceed directly to the treatment facility and complete the companies required drug screening.</p>					
Date and Time employer was notified and person contacted. Date / / Time : AM PM Person contacted:			Have you had prior problems or injuries to that part of the body(If yes, Explain)?		
Who Witnessed the incident:					
Employee Signature:			Date: / / Time: : AM PM		

Risk Control Use ONLY: Injury First Aid Near Miss Safety Concern Recordable