



FACT REPORT FOR EMPLOYEE INJURY

In the event of an Accident/Incident.

Report all claims Safety Dept.: 850-340-0348.

Date of Accident: 03/09/2018

Time of Accident: 11:33 AM Am/Pm

Name of Injured Employee: Matt567657 E676576 Mcgeeturyu

Location & Address of Accident/Injury: In the yard

Supervisor:   

Photo on File: Yes    Yes    No:

Description of Accident (Tell how it happened):  
he was in the back of the skidster and it touched him and he hurt his leg

Describe Injury: Starches and wounds

Witness Name: Frank Johnson

Tele: 863-222-2222

Witness Name:

Tele:

Did Employee Receive Medical Attention: Yes:    Yes    No:   

   was offered medical treatment and refused it at this time.

Employee Signature:

Date: 03/09/2018

Forman Signature:

Date: 03/09/2018

All forms must be completed and turned in within 24 hour.