SUWANNEE COUNTY

NON-EMPLOYEE INCIDENT REPORT

Date of Incident: _____ **Time:** _____ **Incident Location:** _____

Non-Employee Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Date of Birth: _____ **Phone #:** _____

Who was Notified? _____

Description of Incident: _____

_____

_____

_____

_____

_____

_____

_____

Witness Name: _____ **Phone #:** _____

Witness Name: _____ **Phone #:** _____

Did equipment malfunction? Yes _____ **No** _____ **If yes, describe malfunction:** _____

_____

_____

Describe damage to equipment or property: _____

_____

As you reviewed the facts, what caused this incident? _____

_____

What action has been or will be taken to prevent recurrence? _____

_____

_____

Additional comments: _____

Non-Employee Signature: _____ **Date:** _____/ _____ / _____

Supervisor Signature: _____ **Date:** _____/_____/_____

Use reverse if additional space is required

12/16/08