

CUSTOMER Incident Report

If Foreign Object Involved – call QA @ 800-767-5147, provide item #, supplier ID, manufacturer code & exp .date of all products involved.

Notify Human Resources IMMEDIATELY

Name (First, MI, Last) of Injured/Ill Customer		Home Address: _____	
		Home Phone #: _____ Work Phone #: _____	
Date of Birth: _____		Social Security #: _____	
FYI Incident? YES or NO	Date & Time of Incident	Date Incident Reported	<input type="checkbox"/> First aid at location <input type="checkbox"/> Medical treatment away from location
Doctor's Name: _____		Phone Number: _____	Address: _____
WITNESSES			
Name: _____ Phone: _____		Name: _____ Phone: _____	
Address: _____		Address: _____	
EXPLORE: Describe the incident & state the exact location it occurred at (photo and/or sketch may be necessary) <small>USE EXTRA PAPER IF NEED</small> Manager: _____ _____ _____ Customer: _____ _____ _____			
ANALYZE: I inspected the location. Describe conditions and/or actions that led to the incident (HOW it happened) _____ _____ _____ _____			
Were safety procedures ignored? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an employee written up? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were safety procedures ignored? _____ _____ _____			
RESPOND: Describe in detail, WHAT the injury or illness is, the part of the body affected and treatment received: _____ _____ _____			
Describe measures that will be taken to lessen the likelihood of this incident reoccurring: _____ _____ _____			
Describe the injured/ill person's attitude: _____			
SIGNATURES Report Completed By: _____ Date _____		Report Reviewed By: (RGM) _____ Date _____ Report Reviewed By: (RSM) _____ Date _____	

COMPLETE SIDE 2 ALSO FOR FOOD BORNE ILLNESS REPORT