

Plaxco Staffing LLC

SUPERVISOR INCIDENT REPORT

Company: _____ Supervisor's Name: _____

Injured Employee's Full Name: _____

Date and time of incident: ____/____/____ ____: ____ a.m./p.m.

Exact location of incident: _____

Date incident was reported: ____/____/____

Description of Incident:

Was injury arising out of and in the course and scope of employment?

Describe injured employees job duties:

Did the employee involved say anything following the incident? If yes, please state remarks as accurately as possible.

Was a specific tool, machine or piece of equipment involved? If yes, please describe:

Date: _____ Supervisor's Signature: _____



301 McCullough Dr, Suite 400

Charlotte, NC 28262

Ph: (704) 909-2863 Fax: (704) 909-2701