

Plaxco Staffing LLC

WITNESS INCIDENT REPORT

(Please print clearly)

Company: _____

Name of Witness: _____

Are you a(n) employee visitor other?

Department: _____ Job Title: _____

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

Location of Incident: _____

Name(s) of Employees involved in Incident: _____

Description of Incident

(Describe exactly how incident occurred and if an injury resulted, state exact part(s) of body injury and nature of injury)

Statement of witness:

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: _____ **Signature of Witness:** _____

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