



**SERVICES INC.**

3903 Washington Blvd., Baltimore, MD 21227 \* (410)737-4700 \* www.plastechservices.com

**INITIAL INCIDENT REPORT**

The affected employee(s) must promptly fill-out this form and deliver the original to the Safety Department prior to the end of the shift in which the incident occurred.

**General Information**

Incident Type:       Injury/Illness       Equipment       Near Miss

Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Individuals Involved: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of the Incident**

Incident description (part of body/equipment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of How the Incident Occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_