MIDWEST Environmental Services, Inc.

FIRST REPORT of INCIDENT WITHOUT INJURY

Rev 1 cc 2-20-23

Return completed Form to the Director of Health and Safety within 24 Hours of injury

EMPLOYEE INFORMATION

Name (last, first, middle)		Address (number, street, city, state, Zip Code)
Date of Birth (employee)	Driver License #	
Contact Number including Area Code (employee)		Assigned Facility (employee)

OCCURENCE INFORMATION

Date of Incident	Time of Occurrence	Time Workday Began	Date Supervisor Notified
Equip involved (unit # and type of vehicle)		Damage to Equip or Vehicle	
Equip Vin #	Equip License #	Equip out of Service?	Post Accident Testing?
		Yes No	Yes No
Location where Incident occurred		All equipment, Materials, or Chemicals Involved	

How Incident Occurred - Describe in sequence and include any relevant objects or substances

Continue on Page 2 of 2 if addition space is needed

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee) Date (document was completed)

FIRST REPORT of INCIDENT WITHOUT INJURY

Continuation Page

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee) **Date (document was completed)**