BRIESER CONSTRUCTION CO.
WITTNESS/INJURED INCIDENT REPORT

This form must be completed in full and sent to the *Safety* Manager within 24 hours of injury. This report must be signed by the Foreman and Superintendent.

Brieser Construction Company is vitally interested in the health and safety of all employees. We, therefore, request your assistance in completing this report to help us prevent future incidents to yourself or your fellow employees.

Name of Injured Person: _____

Date of INCIDENT: _____ Hour: _____

Witness: _____ Job Title: _____

Department: _____ Supervisor: _____

Describe fully, in your own words, how the INCIDENT happened:

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Recommendations (to avoid a recurrence)

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(Date) (Witness/Injured Signature)