PSC Inspection and Expediting Worldwide
3121 Route 22 East Suite 304 Branchburg NJ 08876
Telephone (732) 225-5500 - Fax (732) 225-1711
www.pscinspection.com

Incident/Accident/Illness Reporting Form

Use this form to report any workplace accident, injury, incident or illness.
Return completed form to your PSC Supervisor or Coordinator.

This is documenting an:

☐ Injury ☐ First Aid ☐ Incident ☐ Accident ☐ Observation

Details of person injured or involved (to be filled in by person injured /involved if possible)

Person Completing Report:_____ Date:_____

Person(s) Involved:_____

Event Details

Date of Event:_____ Location of Event:_____

Time of Event:_____ Witnesses:_____

Description of Events (Describe tasks being performed and sequence of events):

_____

_____

_____

_____

_____

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

_____

_____

TO BE COMPLETED ONLY IF INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Was first aid performed:	
Was medical treatment necessary?	Yes_____ No_____ If yes, name of hospital or physician:

Signature of Employee/Subcontractor:_____ Date:_____

Signature of Supervisor:_____ Date:_____