

RIO GRANDE PACIFIC CORPORATION

EMPLOYEE INCIDENT REPORT

GENERAL INFORMATION	
RAILROAD:	DATE:
EMPLOYEE NAME:	TIME:
EMPLOYEE ID:	JOB NAME:
EMPLOYEE POSITION:	LOCATION:

INCIDENT INFORMATION
DESCRIBE INCIDENT IN DETAIL INCLUDING HOW IT OCCURRED:

PERSONAL INJURY INFORMATION

DESCRIBE ALL PERSONAL INJURY(S) IN DETAIL INCLUDING BODY PART(S) AFFECTED:

WITNESSES (ALL PERSONS INCLUDING OTHER EMPLOYEES)

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE: