



# Trees Organic

COFFEE & ROASTING HOUSE

Complete this form for any incident resulting in personal injury or loss to the company

INCIDENT / ACCIDENT REPORT FORM			
<b>Date of incident:</b>		<b>Time of incident:</b>	am / pm
<b>Store location:</b>			
<b>Type of incident</b> (circle one):	Customer injury   Food poisoning   Employee injury   Robbery   Other – specify:		
<b>Name of injured person:</b>			
<b>Address:</b>			
<b>Telephone:</b>			
<b>Incident Details:</b> (Attach separate sheet if more space required)			
<b>Describe injury reported:</b>			
<b>Was first aid administered?</b> If yes, provide details:			
<b>Were authorities involved?</b> (police, ambulance, fire)			
<b>Witnesses:</b> (Names & phone numbers)			

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Manager's signature

\_\_\_\_\_  
Date