



Employee Incident Report Form

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Head Office

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The purpose of this form is to report on and off site incidents involving Geo.J.Bone & Sons Pty Ltd t/a Bone Timber Industries/Bone Wholesale and or Bone Building Development Company Pty Ltd t/a Bone Built employees and including as witnesses, where either damage or a near miss to property occur. This Form is to be presented to the Manager personally or on his desk on the day of incident. Each and every matter will be investigated and kept in confidence where possible.

Employee Name: _____ **Date:** _____

Location: _____ **Time:** _____

Involved in / Witness to Any Injury to Employee: Y N Injury Report Completed: Y N

Incident Details:

Customer / Supplier Name:

Address: _____

Rego Plate: _____

OFFICE USE ONLY

Date: _____

Follow up required: Y / N

Manager Comments:

Received by:

Completed: Y / N

Completed Date: _____