

AVESI, INC INCIDENT REPORTING FORM

Complete and return this report to AVESI management within two working days (48 hrs) of the incident.

AVESI Employee(s) Involved:						
Date/Time of Incident:						
Project Where Incident Occurred:						
Exact Location:						
Name of witness(es):						
Type of Incident: (X)	Near Miss		Medical/ Injury	Equip/Vehicle Damage	Regulatory	Other
Was there a fatality, in-patient hospitalization, amputation, or eye loss? (X)	No	Yes	If "Yes", call Michele Lyerla (618)-795-1619 immediately If you don't reach her, call Randy Hansen 314-306-5189			

Description of Incident (Summarize the Incident, providing specific detail)

For Medical/Injury only					
Medical Treatment (X) (may be more than one)	First Aid	Loss of Consciousness	Hospital/ Clinic	Doctor Restrictions	Missed a day of work
Describe medical response if applicable:					
If employee went to hospital/clinic, email doctor's report to AVESI corporate CSO randyhansen@avesi-usa.com (check when complete)					

Prepared by: _____

Date: _____

Signatures: _____

Supervisor/Client Representative

AVESI Management