



INCIDENT/INJURY REPORT

Incident Type:* Verita Location* Incident Date:* Time of Incident:* Date Reported:*

EMPLOYEE INFORMATION

Employee Name:* Employee Phone Number:*

Employee Address:

Employee Email Address: Job Title:* Date of Hire:

INJURY AND TREATMENT

Type of Treatment* Fatality:* Amputation* Eye Injury*

Cause of Injury:* Nature of Injury:* Body Part:*

Treating Facility:

Treating Facility Address:

Treating Dr.: Dr./Facility Phone #:

Did/Will the Employee Miss any Days of Work? *

Yes

How Many Days of Work Missed?

Was Modified/Restricted Duty Assigned?*

No

INCIDENT DETAILS

Crew Size:

Crew Foreman/Supervisor:*

Josh

Hartman

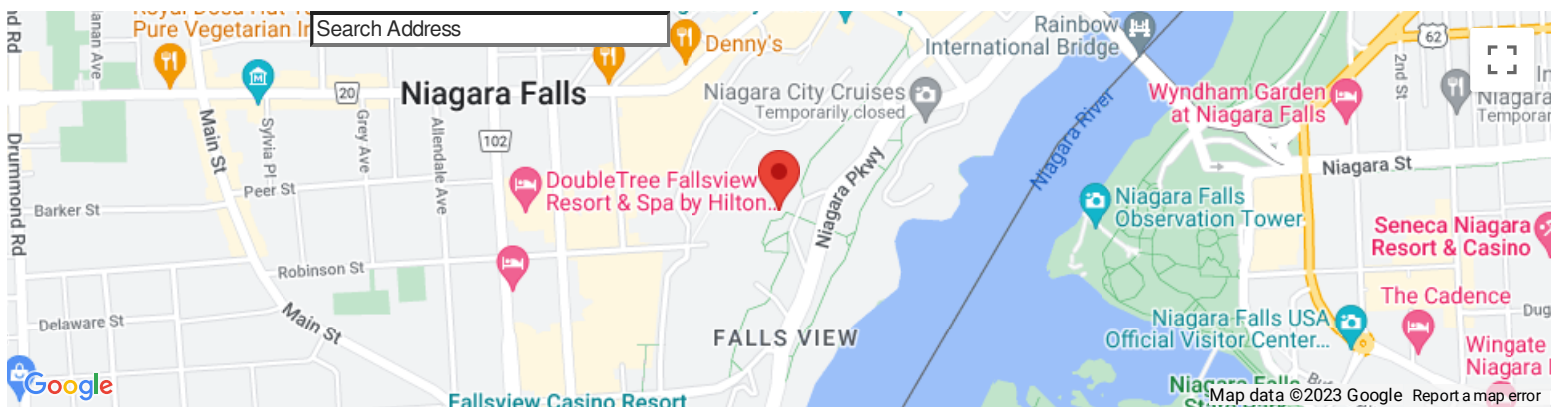
Incident Location:*

Niagara Parkway

Niagara Falls

State

Location on Google map



Description of Incident: Please describe in detail what happened*

Ed Nicely exited vehicle to begin setting up for job and slipped on patch of ice.

Describe any Unsafe Procedures or Equipment Failures which may have Contributed to the Incident:*

None.

What Has/Will be done to Prevent Similar Incidents from Occuring?*

Cold Weather Awareness Training

ADDITIONAL PHOTOS AND DOCUMENTS

File / Image upload

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SUBMISSION

Report Completed By:*

Chris

Job Title:*

Taylor

Director

Phone number:*

330 807 8263

Email address:*

ctaylor@veritacorp.com

Signature:*

Sign here 

Date:*

01/26/2023

