*Weekly Incident Report*

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| Items to Report to Safety and Maintenance DepartmentMaintenance Issues > $100.00 of total loss |
| **Employee Name** | **Date of Incident** | **Truck/Trailer # Involved:** | **Nature of Incident** | **Outcome of Incident** | **Depending on Severity, reported to safety/maintenance via:** |
|  |  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  |  | Phone/Text/Email/Other |
| Items to Report to HR Department |
| **Employee Name** | **Date of Incident** | **Was it related to:**1. Performance 2) Policy

3) Work-Comp 4) Other | **Outcome or What is needed from HR?**(Ex: write-up, contact employee, disciplinary action, etc.) | **Depending on Severity, reported to HR via:** |
|  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  | Phone/Text/Email/Other |
|  |  |  |  | Phone/Text/Email/Other |

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| Absentee Information |
| **Employee Name** | **Date of Absence** | **Paid or Unpaid** | **Pre-approved or Un-approved** |
|  |  |  |  |
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|  |  |  |  |

**Other Notes (Terminations, transfers, etc.)**

Other Notes: