



Golder Acoustics Inc.
 6882 S Airport Road Suite A
 West Jordan, UT 84084

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses: _____

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Yes No

Doctor's Info _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date