



## Physical Hazards Incident Report

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee: \_\_\_\_\_

Time/Meal: \_\_\_\_\_

Manager: \_\_\_\_\_

Customer's name: \_\_\_\_\_

Food Item: \_\_\_\_\_

Object Description:

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Manufacturer's Product Information:

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Summary of Incident, include description of physical harm:

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Bag, label, and indicate current location of object:

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Was medical assistance sought? If so describe

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Corrective Action:

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Employee Signature: \_\_\_\_\_

Manager's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_