



Physical Hazards Incident Report

Date: ____/____/____

Employee: _____

Time/Meal: _____

Manager: _____

Customer's name: _____

Food Item: _____

Object Description:

Manufacturer's Product Information:

Summary of Incident, include description of physical harm:

Bag, label, and indicate current location of object:

Was medical assistance sought? If so describe

Corrective Action:

Employee Signature: _____

Manager's Initials: _____

Date: ____/____/____