

CEUI SAFETY INCIDENT REPORT

DATE: _____ TIME: _____

DISTRICT: _____ SECTION: _____

LOCATION OF INCIDENT: _____

BRIEF SUMMARY OF INCIDENT: _____

MEMBERS INVOLVED:

ACTION TAKEN (PLEASE CHECK ALL THAT APPLY):

_____ NO ACTION TAKEN

_____ STOPPED AND TALKED TO MEMBERS INVOLVED

_____ NOTIFIED SUPERVISOR

_____ NOTIFIED UNION AND/OR STEWARD

_____ OTHER (PLEASE EXPLAIN)

NAME: _____

CONTACT NUMBER: _____

*Return Form To: CEUI, Attn: Cara Wachsmann, P.O. Box 1268, Middletown, CT 06457
or via fax: (860) 344-8648*