INCIDENT REPORT

Date: ___________________   Time: ___________________

Name: _______________________________________________________

Facility:

☐ Landfill  ☐ Composting Facility  ☐ Gas Collection  ☐ HHM Facility  ☐ Other

Type of incident:

☐ Fire  ☐ Equipment Damage  ☐ Customer Related
☐ Spill  ☐ Property Damage  ☐ Safety Issue
☐ Personal Injury

Describe incident and response activities. Include cleanup procedures and authorities or emergency personnel contacted:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________  ___________________________________
Employee Signature

For Incident Review:

Action Taken: ______________________________

Reviewed By: _______________________________

Date: _______________________________

Signature of Employee: _______________________________