

THE RISSEY GROUP OF COMPANIES

2865 Executive Drive, Clearwater, FL 33762

YES/NO

CUSTOMER ACCIDENT/ INJURY REPORTING FORM

Photos Taken	no
Witness/Mgmt Statements	no
Evidence Secured	n/a

Company Location: _____
 Phone: _____
 Contact: Manager _____

PART I Customer Accident/Injury Report Section (Complete all Numbered Areas)

1 _____ 2 _____ 3 _____
 Name of Injured Person Phone Number Age

4 _____
 Address

5 _____ 6 _____ 7 _____
 Date & Time Accident Weather Description of Injured(Ht, Wt, Clothing etc.)

8 Nature Of Injury(Please Describe in Detail)

9 Was Medical Attention Rendered Immediately? Accepted Denied **(Circle)**

10 Medical Facility Injured Party Sent- Location _____
 Phone # _____
 Transporter Name _____
 Phone# _____

11 _____ 12 _____
 Witness Name Phone #

 Witness Name Phone #

13 Statement of Injured Party _____

14 Statement of Employee _____

15 Date & Time of this Report _____

16 David Martinez _____ 17 _____
 Employee Signature Safety Committee Coordinator

IMPORTANT: TAKE IMMEDIATE STEPS TO PREVENT FURTHER DAMAGE.

- ** Make Sure Photos of The Accident Scene Have Been Taken
- ** Attach Police Reports, Statements from Witnesses, Employees and Responsible Parties.

E-Mail or Fax Incident Report Immediately To:

David Pellegrino davidp@risseroil.com/Sondra Harlow sondrah@risseroil.com- Accounting/Risk Mgmt. 727-572-9075