

INCIDENT REPORT

(use if hazardous to person/health)
Keep a digital copy of the completed form

THE
COFFEE
CLUB[®]

Store Name:

Date Report Received:

Report Type: Telephone Fax Written Email Personal Visit Other

DETAILS:

ACTION:

FOLLOW UP

Action Taken:

Result:

Any further comments:

Incident Report No: Store Code No: Date: Reporting Officer: