



Colton-Redlands-Yucaipa
Regional Occupational Program

EMPLOYEE INCIDENT REPORT

Name

School/Worksite

Home Address City Zip Code

Home Phone Cell Phone

Instructor Program

Date of Incident Time of Incident

Location of Incident

Description of Incident (Was injury sustained?)

Action Taken

Names and Phone Numbers of Witnesses

Person Contacted at CRY-ROP Time of Contact

Report Submitted by Position Date

Scheduled Follow-Up

****Note: Please submit to your Program Manager within 24 hours of incident.**

FOR OFFICE USE ONLY

Routing: Program Manager Superintendent Human Resources Governing Board