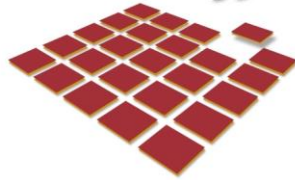


SITE *Staffing* Inc.



Incident report

Today's Date:

Employee Name:

Date of Incident:

Client Location:

Description of Accident :

Injury: or N/A:

At this time I hereby refuse medical treatment. I understand that if the circumstances change,

I will report this as soon possible to my supervisor and SITE Staffing, Inc.

Employee: _____

Witness: _____

Date: _____ Time: _____ am/pm