

11.5 Is this an OSHA recordable incident?

☐ Yes

☐ No

11.6 Select injury or choose type of illness

☐ Injury

☐ Skin disorder

☐ Respiratory condition

☐ Poisoning

☐ Hearing loss

☐ All other illnesses

## 12 Sign-off Acknowledgement

12.1 Add any extra details that you feel should be included for this Incident Report.

At around 8 o'clock at night on September 4th I received a call from the shop foreman (Hector ) that there was a smoke coming from where I have my container . I was already at home sleeping and I got up and headed down to the yard to make sure everything was good. At arrival Hector had notified me that one of the trucks and the trailer had burned . The fire department was already on scene and they were on their way out.



12.2 Employee signature

Everardo Padilla

12.3 I have notified my primary supervisor at the time of this forms completion.

☒ YES

☐ NO

If answer is YES

12.3a How were they notified?

I will send over a text message that I have completed the form .

12.4 Supervisor signature

12.5 Were you notified by your employee of this incident before the end of their shift?

☒ **Pass**

☐ Fail

☐ N/A

12.6 Safety Manager Sign-Off once investigation and Report is completed