



Safety Incident Report

DIN 6020-4-01

Purpose: Documentation of a safety concern/violation.

Date: _____ **Complaint no.** _____

Originator: _____ (Confidential) **Received by:** _____

Description of concern/violation(including location, date, time):

Investigated by: _____ **Date:** _____

Disposition: _____

The most current documentation is electronic, therefore please discard printed copy after 24 hours.		Print Date: 08/22/19 4:13 PM	
Document Number: 6020-4-01	Rev.	Page 1 of 1	Level # 4
Title: Safety Incident Report		Implementation Date: 1-13-09	
Approved: President Hensrud	Date:		