



Home Office Report of Employee Injury and/or Accident

STEP 1: Complete the following incident information.

Name of Injured Employee: _____ Company: Five Salsas, LLC Store #: 087
 Employee Address: _____ Phone: _____
 SS#: _____ Employee Email: _____ Date of Hire: ___/___/___
 Date of Birth: ___/___/___ Marital Status: _____ Date of Incident: ___/___/___ Time: _____ am/pm Last Full Day Worked: ___/___/___
 Manager In-Charge at Time of Incident: _____ Title: _____
 Date & Time Injury was Actually Reported to Restaurant Staff: Date ___/___/___ Time: ____:____ am or pm
 Assigned Work Station: _____ Food Prep _____ Maintenance _____ Food Line
 _____ Other, please explain: _____

Exact area where injury occurred: (e.g., by the sink, dumpster, oven, walk-in refrigerator, make-line, if auto accident give address or intersection)

 Body Part Affected: (indicate right or left, if applicable)

Nature of Injury/Illness: (e.g., burn, bruise, strain, fracture, cut, etc.)

Cause of Injury/Illness: (fluid/object on floor, running, box fell from shelf onto employee, auto accident, knife slipped, etc.)

Describe clearly how the accident occurred (do not make assumption on fault for auto accidents):

Wearing: ___ Shoes for Crews ___ Crew Guards ___ Safe Trax Shoes If not, type of shoes worn: _____
 Was the accident recorded by video camera? _____ Who has the video tape/cartridge? _____
 Witness(s): _____ Contact Info: _____

Step 2: Contact and report information.

It is extremely important that Qdoba's Risk Management Hotline (866) 501-7272 and the Operating Partner are notified of this report within 24 hours of the initial incident. Failure to do so may be in violation of federal and state laws.

Qdoba's Risk Management Hotline called: Yes No (Circle One) By who? _____ Date: ___/___/___
 Person at Qdoba's Risk Management talked to: _____
 Operating Partner called: Yes No (Circle One) Date: ___/___/___

Step 3: Fax this report to Risk Management Department at (866) 350-1075.

Signature of Supervisor/Manager Completing this Form: _____ Date: ___/___/___