



**Phone:** 724-503-4286  
**Web:** armensbarrels.com  
**Email:** lab@armensbarrels.com  
**Restaurant:** 10 McCoy Lane, Washington PA 15301  
**Mailing:** 408 Forest Estates Dr, Pittsburgh PA 15241

### INCIDENT DOCUMENTATION FORM

Use this form to report any personal injuries, near misses, service refusals and any dangerous occurrences on restaurant property. This Incident Documentation Form must be completed as soon as the incident occurs.

#### Details of the Incident / Accident:

Date & time: \_\_\_\_\_ Location \_\_\_\_\_ (kitchen, bar, etc)

Description of injury or incident, what happened, how it happened:

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Contact details (name, phone) of witnesses (if any):

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#### Person Injured (fill separate form for each additional person):

Name: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### Treatment Details:

None: \_\_\_\_\_ First Aid Kit: \_\_\_\_\_ Found ride home: \_\_\_\_\_ Advised to seek medical treatment: \_\_\_\_\_ Hospitalized: \_\_\_\_\_

Other (describe): \_\_\_\_\_

#### Action Taken:

Describe what action was taken to prevent such incident from reoccurring:

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#### Form Completed by:

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**WHEN COMPLETED, TAKE A PICTURE OF THIS FORM AND EMAIL TO [INFO@ARMENSBARRELS.COM](mailto:INFO@ARMENSBARRELS.COM)  
KEEP THE ORIGINAL AT THE RESTAURANT; NEVER DISCARD THE ORIGINAL!**