## **READY MIX COMPANY, INC.**

Call Charley The Ideal Man!

P.O. Box 416 • 3902 W. Mt. Pleasant Street • West Burlington, IA 52655 319-754-4747 • Fax 319-754-4872

## **BEHAVIOR / INCIDENT DOCUMENTATION FORM**

QK

| Plant Number / Lo                                                   | ocation:                |                           |                            |                             |
|---------------------------------------------------------------------|-------------------------|---------------------------|----------------------------|-----------------------------|
| Location of Incide                                                  | ent:                    |                           |                            |                             |
| Employee Name:                                                      |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
| Additional Witnes                                                   | ss(es):                 |                           |                            |                             |
| Length of Time Observed:                                            |                         |                           |                            |                             |
| Description of Behavior / Incident:                                 |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
| Did Employee Refuse a Medical Examination?                          |                         |                           |                            |                             |
| Did Employee Leave Workplace On Their Own?                          |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
| Time of Employed                                                    | e's Departure:          |                           |                            |                             |
| Vehicle (if any): License Plate #:                                  |                         |                           |                            |                             |
| Authorities Notified? YES NO Time:                                  |                         |                           |                            |                             |
| Name of Authority                                                   | y Notified:             |                           |                            |                             |
| Other Person(s)                                                     | Observing Depart        | ure:                      |                            |                             |
| Additional Comments or Information (continue on back if necessary): |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
|                                                                     |                         |                           |                            |                             |
| Print Manager's Name                                                |                         | Manager's Signature       |                            | Date                        |
| Print Witness' Name                                                 |                         | Witness' S                | Bignature                  | Date                        |
|                                                                     |                         | Area Offices              |                            |                             |
| Chariton<br>641-774-2242                                            | Ottumwa<br>641-683-3131 | Fairfield<br>641-472-5200 | Burlington<br>319-753-5426 | Ft. Madison<br>319-372-4183 |