

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

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| I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss | |
| Your Name: | |
| Job title: | |
| Supervisor: | |
| Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of injury/near miss: | Time of injury/near miss: |
| Names of witnesses (if any): | |
| Where, exactly, did it happen? | |
| What were you doing at the time? | |
| Describe step by step what led up to the injury/near miss. (continue on the back if necessary): | |
| What could have been done to prevent this injury/near miss? | |
| What parts of your body were injured? If a near miss, how could you have been hurt? | |
| Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, whom did you see? | Doctor's phone number: |
| Date: | Time: |
| Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, when? | Supervisor: |
| Your signature: | Date: |