Employee Injury Report Form

To Be Completed by Injured Employee(s)

Instructions: The injured employee(s) shall use this form to report all work-related injuries, illnesses, or "near miss" events (which could have caused an injury or illness). This helps in identifying and correcting hazards within the workplace as well as provides pertinent information in the event of an incident. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: ☐ Injury ☐ Illness ☐ Near-miss

Your Name: ______________________________

Date of Birth: ______________ Telephone #: ______________

Address: ______________ City: ______________ State: _____ Zip: __________

Supervisor: ______________________________

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? ☐ Yes ☐ No

If yes, whom did you see? ______________ Doctor's phone number: ______________

Date of Doctor Visit: ______________ Time of Doctor Visit: ______________

Has this part of your body been injured before? ☐ Yes ☐ No If yes, when? ______________

Additional Info: ______________________________

Employee Signature: ______________ Date: ______________

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