



## Employee's Report of Injury Form

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 the injury*). 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 your supervisor for corrective action. (All work related injuries or illnesses must be reported within 24 hours of the injury date and subject to a post-accident drug screen).

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. (Use a separate sheet of paper if necessary):	
What could have been done to prevent this injury/near miss?	
What part(s) 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's Name:	
Your signature:	Date: