

## 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.*

I am reporting a work related:    % Injury    Illness    Near miss

Your Name:

Job title:

Supervisor:

Have you told your supervisor about this injury/near miss?   % Yes    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:

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 visit:

Time of visit:

Has this part of your body been injured before?  Yes  No

If yes, when?

Supervisor it was reported to:

Employee Signature X\_\_\_\_\_

Date: