



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: <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: _____