



## 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. Supervisor’s need to forward the report to Human Resources within 48 hours.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your name:	
Your job title:	
Your 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. (attach more documentation 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 physician about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of physician?	Physician'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:

## Supervisor's Accident Investigation Form

Name of injured person:		
Telephone number:		
Address:		
City:	State:	Zip code:
Check one:      Male                      Female                      Non-binary		
What part of the body was injured? Describe in detail.		
What is the nature of the injury? Describe in detail.		
Describe how the accident happened in as much detail possible. What was the employee doing prior to the event? What equipment/tools were being used?		
Name all witnesses:		
Exact location of event:	What caused the event?	
Date of event:	Time of event:	
Were safety regulations in place and being adhered to? If not, why not?		
Did employee see a physician about this injury/illness?	Physician:	Physician phone number:
Supervisor signature:	Date:	