



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="radio"/> Injury <input type="radio"/> Illness <input type="radio"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="radio"/> Yes <input type="radio"/> No	
If yes, when?	Supervisor:
Your signature:	Date:



Supervisor's Accident Investigation Form

Name of Injured Person _____
Date of Birth _____ Telephone Number _____

Address _____
City _____ State _____ Zip _____

(Circle one)
Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail.

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

Date of Event _____ Time of Event _____
Exact location of event: What caused the event?

Were safety regulations in place and used? If not, what was wrong?

Employee went to doctor/hospital? Doctor's Name _____
Hospital Name _____
Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date



Supervisor Signature

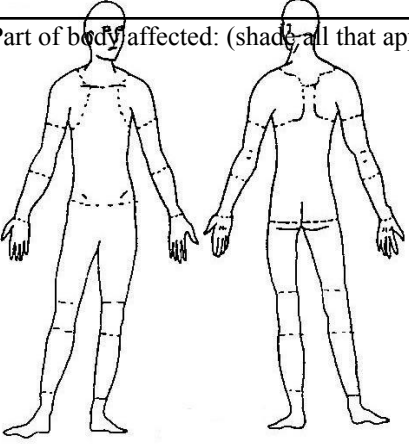
Date

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="radio"/> Death <input type="radio"/> Lost Time <input type="radio"/> Dr. Visit Only <input type="radio"/> First Aid Only <input type="radio"/> Near Miss	
Date of incident:	This report is made by: <input type="radio"/> Employee <input type="radio"/> Supervisor <input type="radio"/> Team <input type="radio"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="radio"/> Abrasion, scrapes <input type="radio"/> Amputation <input type="radio"/> Broken bone <input type="radio"/> Bruise <input type="radio"/> Burn (heat) <input type="radio"/> Burn (chemical) <input type="radio"/> Concussion (to the head) <input type="radio"/> Crushing Injury <input type="radio"/> Cut, laceration, puncture <input type="radio"/> Hernia <input type="radio"/> Illness <input type="radio"/> Sprain, strain <input type="radio"/> Damage to a body system: <input type="radio"/> Other _____	This employee works: <input type="radio"/> Regular full time <input type="radio"/> Regular part time <input type="radio"/> Seasonal <input type="radio"/> Temporary <hr/> Months with this employer <hr/> Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="radio"/> Entering or leaving work <input type="radio"/> Doing normal work activities <input type="radio"/> During meal period <input type="radio"/> During break <input type="radio"/> Working overtime <input type="radio"/> Other _____	

Names of witnesses (if any):

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
<p>Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.</p> <p style="text-align: right;">Description continued on attached sheets: ☉</p>			

Step 3: Why did the incident happen?	
<p>Unsafe workplace conditions: (Check all that apply)</p> <ul style="list-style-type: none"> ☉ Inadequate guard ☉ Unguarded hazard ☉ Safety device is defective ☉ Tool or equipment defective ☉ Workstation layout is hazardous ☉ Unsafe lighting ☉ Unsafe ventilation ☉ Lack of needed personal protective equipment ☉ Lack of appropriate equipment / tools ☉ Unsafe clothing ☉ No training or insufficient training ☉ Other: _____ 	<p>Unsafe acts by people: (Check all that apply)</p> <ul style="list-style-type: none"> ☉ Operating without permission ☉ Operating at unsafe speed ☉ Servicing equipment that has power to it ☉ Making a safety device inoperative ☉ Using defective equipment ☉ Using equipment in an unapproved way ☉ Unsafe lifting ☉ Taking an unsafe position or posture ☉ Distraction, teasing, horseplay ☉ Failure to wear personal protective equipment ☉ Failure to use the available equipment / tools ☉ Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident?

Yes No

Have there been similar incidents or near misses prior to this one?

Yes No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity
 Guard the hazard
 Train the employee(s)
 Train the supervisor(s)
 Redesign task steps
 Redesign work station
 Write a new policy/rule
 Enforce existing policy

Routinely inspect for the hazard
 Personal Protective Equipment
 Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:	Title:
Department:	Date:
Names of investigation team members:	
Reviewed by:	Title:
	Date: