

Employee Report of Injury

The purpose of this report is to prevent similar incidents from occurring. It should be completed and signed by the injured worker.

Incident: Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM/PM

Injured Employee: _____

Occupation: _____ Months on this job: _____

Incident Description

When did you report the incident and to who?

Did you require medical attention? Yes: _____ No: _____

Location of incident (entrance, loading dock, bathroom, etc.) _____

Witness(es)

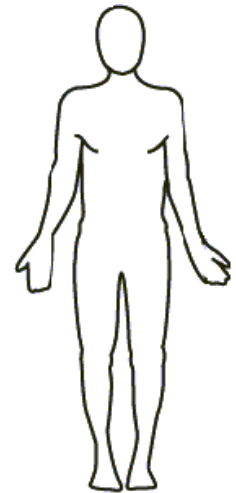
Describe in detail how the incident occurred and what you were doing when it occurred?

What body part(s) were affected?

What unsafe act(s) or condition(s) contributed to the incident?

What is at least one thing that can be done to prevent this type of incident from recurring?

Employee Signature: _____ Date: _____



Circle Affected
Body Part

This investigation is being conducted pursuant to the advice of counsel in anticipation of potential litigation. All information and recommendations are confidential.

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