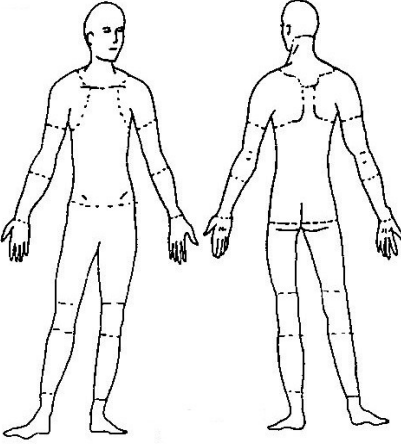




Employee's Report of Injury Form

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:		T Number:		
Job title:		Department:		
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?				
Step 1: Injured employee (complete this part for each injured employee)				
Part of body affected: (shade all that apply)		Nature of injury: (most serious one)		
		<input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other		
Have you seen a doctor about this injury/illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this part of your body been injured before?		If yes, when?		
<input type="checkbox"/> No				
Your signature:		Date:		