



Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near hit" events (which could have caused an injury or illness). This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by the employee as soon as possible after an event and given to his/her supervisor for further action by Risk Management.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Hit	
Your Name:	
Job Title:	
Supervisor:	
Have you told your supervisor about this injury/near hit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Incident: Describe in detail the actual event including injury and how the injury occurred.	
Date of Injury / Near Hit:	Time of Injury / Near Hit:
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 hit? (continue on separate sheet if necessary)	
What could have been done to prevent this injury / near hit?	
What parts of your body were injured? If a near hit, how could you have been hurt?	

Are you requesting medical treatment from a physician about this injury/illness? Yes No

Have you spoken to a doctor about this injury / illness? Yes No

If yes, who and when (date & time)?

Has this part of your body been injured before? Yes No

If yes, when?

List any additional information relevant to the injury/illness?

Your Signature:

Date: