**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:  
  - [ ] Injury  
  - [ ] Illness  
  - [ ] Near miss

- Your Name:
- Job title:
- Supervisor:
- Have you told your supervisor about this injury/near miss?  
  - [ ] Yes  
  - [ ] 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?  
  - [ ] Yes  
  - [ ] No
- If yes, whom did you see?  
  - Doctor’s phone number:
- Date:  
  - Time:
- Has this part of your body been injured before?  
  - [ ] Yes  
  - [ ] 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
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:  ▫ Death  ▫ Lost Time  ▫ Dr. Visit Only  ▫ First Aid Only  ▫ Near Miss

Date of incident:  This report is made by:  ▫ Employee  ▫ Supervisor  ▫ Team  ▫ Other_________

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex: ▫ Male  ▫ Female</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Job title at time of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part of body affected: (shade all that apply)  Nature of injury: (most serious one)  This employee works:  ▫ Regular full time  ▫ Regular part time  ▫ Seasonal  ▫ Temporary

▫ Abrasion, scrapes  ▫ Amputation  ▫ Broken bone  ▫ Bruise  ▫ Burn (heat)  ▫ Burn (chemical)  ▫ Concussion (to the head)  ▫ Crushing Injury  ▫ Cut, laceration, puncture  ▫ Hernia  ▫ Illness  ▫ Sprain, strain  ▫ Damage to a body system:  ▫ Other ____________  ▫ Months with this employer  ▫ Months doing this job:

**Step 2: Describe the incident**

<table>
<thead>
<tr>
<th>Exact location of the incident:</th>
<th>Exact time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What part of employee’s workday?  ▫ Entering or leaving work  ▫ Doing normal work activities

▫ During meal period  ▫ During break  ▫ Working overtime  ▫ Other ________________

Names of witnesses (if any):


What personal protective equipment was being used (if any)?

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.

Description continued on attached sheets: ☐

<table>
<thead>
<tr>
<th>Step 3: Why did the incident happen?</th>
<th>Unsafe workplace conditions: (Check all that apply)</th>
<th>Unsafe acts by people: (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inadequate guard</td>
<td>☐ Operating without permission</td>
<td>☐ Operating at unsafe speed</td>
</tr>
<tr>
<td>☐ Unguarded hazard</td>
<td>☐ Operating at unsafe speed</td>
<td>☐ Servicing equipment that has power to it</td>
</tr>
<tr>
<td>☐ Safety device is defective</td>
<td>☐ Making a safety device inoperative</td>
<td>☐ Using defective equipment</td>
</tr>
<tr>
<td>☐ Tool or equipment defective</td>
<td>☐ Using equipment in an unapproved way</td>
<td>☐ Unsafe lifting</td>
</tr>
<tr>
<td>☐ Workstation layout is hazardous</td>
<td>☐ Taking an unsafe position or posture</td>
<td>☐ Distraction, teasing, horseplay</td>
</tr>
<tr>
<td>☐ Unsafe lighting</td>
<td>☐ Using defective equipment</td>
<td>☐ Failure to wear personal protective equipment</td>
</tr>
<tr>
<td>☐ Unsafe ventilation</td>
<td>☐ Using equipment in an unapproved way</td>
<td>☐ Failure to use the available equipment / tools</td>
</tr>
<tr>
<td>☐ Lack of needed personal protective equipment</td>
<td>☐ Other: __________________________________</td>
<td>☐ Other: __________________________________</td>
</tr>
<tr>
<td>☐ Lack of appropriate equipment / tools</td>
<td>☐ Other: __________________________________</td>
<td></td>
</tr>
</tbody>
</table>

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: [ ]

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

<table>
<thead>
<tr>
<th>Written by:</th>
<th>Title:</th>
</tr>
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<tbody>
<tr>
<td>Department:</td>
<td>Date:</td>
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</tbody>
</table>

Names of investigation team members:

<table>
<thead>
<tr>
<th>Reviewed by:</th>
<th>Title:</th>
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<tbody>
<tr>
<td></td>
<td>Date:</td>
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</tbody>
</table>