



### 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, when? \_\_\_\_\_ Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Your Signature Date



## SUPERVISOR'S ACCIDENT INVESTIGATION FORM

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Full name of injured person

Date of birth

Contact Number

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Address

City/State/Zip

Sex

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

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

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

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Name of all witnessed

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Date of event: \_\_\_\_\_

Time of event: \_\_\_\_\_

What caused the event? \_\_\_\_\_

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

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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: \_\_\_\_\_

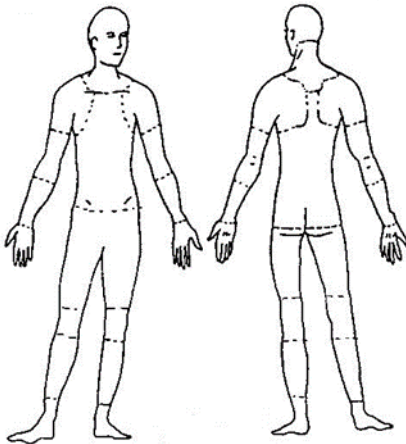
This report id made by:  Employee  Supervisor  Team  Other: \_\_\_\_\_

Step 1: Injured person (Complete this part for each injured employee

Name: \_\_\_\_\_ Sex:  Male  Female

Department: \_\_\_\_\_ Job title at time of incident: \_\_\_\_\_

Part of the body affected: (shade all that apply)



Nature of injury: (most serious one)

- 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: \_\_\_\_\_

This employee works? Regular full Time Regular part time Seasonal Temporary

\_\_\_\_\_  
 Months with this employer Months doing this job

Step 2: Describe the incident

\_\_\_\_\_  
 Exact location of the incident Exact time

- What part of employee's workday? Entering or leaving work Doing normal work activities
- During meal period During break Working overtime Other: \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Number of attachments:**

Written witness statements: \_\_\_\_\_ Photographs: \_\_\_\_\_

Maps/drawings: \_\_\_\_\_ Other: \_\_\_\_\_

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 continues on attached sheets



Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- 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 of insufficient training
- Other: \_\_\_\_\_

Unsafe acts by people: (Check all that apply)

- Operating without permission
- Operating a unsafe speed
- Servicing equipment that has power to it
- Making a safe device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position of 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 conditions reported prior to the incident:  Yes  No

Have there been similar incidents or near misses prior to this one?  Yes  No