**Employee Injury Report Form**

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| I am reporting a work related  Injury  Illness  Near miss | | | | |
| Your Name: | Name |  | Date of Injury/Near miss | Date |
| Job Title | Job Title |  | Time of Injury/Near miss | Time |
| Supervisor | Name |  | Name of Witness (if any) | Witness Name |
|  | |  | Place of incidence: | Place |

*Have you told your supervisor about this injury/illness/near miss?* Yes  No 

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| Where exactly did it happen? | | | | |
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| Where exactly did it happen? | | | | |
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| What were you doing at the time? | | | | |
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| Describe step by step what led up to the injury/near miss. | | | | |
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| What could have been done to prevent this injury/near miss? | | | | |
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| What parts of your body were injured? If a near miss, how could you have been hurt? | | | | |
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| 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? | | | | |
| Your Signature | | Supervisor Signature | | Date: |
|  | |  | |  |