

Employee/Supervisor Report of Injury Form

Instructions: Employees & Supervisors 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 and supervisors as soon as possible for further action.

I am reporting a work related:		Injury	Illness	Near miss
Your Name:				
Job title:				
Supervisor:				
Date supervisor notified about this injury/near miss?				
Date of injury/near miss:			Time of injury/near miss:	
Name of witnesses (if any):				
Was Proper PPE used/In Place at the time of the injury?		Yes	No	N/A
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 back if necessary)				
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	Date: _____ Time: _____
If yes, whom did you see?		Doctor's phone number:		
Has this part of your body been injured before?		Yes	No	If yes, when?
Employee signature:			Date:	
<u>Supervisor's Section</u>				
What could have done to prevent this injury/near miss:				
Supervisor signature:			Date:	