

EMPLOYEE'S FIRST REPORT OF INJURY FORM



INSTRUCTIONS Employees shall report all work-related accidents, injuries, illnesses - or unplanned events which could have resulted in an injury or illness - using this form. Once completed, this form shall be given to a manager for next steps.

I AM REPORTING A WORK RELATED:	INJURY	ILLNESS	NEAR MISS
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YOUR NAME

SUPERVISOR NAME

DATE OF REPORT

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JOB TITLE

Has your supervisor been made aware of this incident?

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LOCATION OF INCIDENT

DATE OF INCIDENT

TIME

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WITNESSES NAME, TITLE & PHONE NUMBER if any _____

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INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. Attach additional pages as necessary.

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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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Was medical treatment necessary?		IF YES, NAME OF HOSPITAL / PHYSICIAN:			
YES	NO				
DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE			

Has this part of your body been injured before?		YES	NO	If YES, when?	
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Do you have other employment?		YES	NO	Company Name	
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EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

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