



# Injury/Illness Form

Employee Name: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time/Date employee reported accident: \_\_\_\_\_

***For employee use:*** Please describe the accident and your injuries.

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Were there any witnesses? If so, how far away were they? Who were they?

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If the accident was not reported immediately please explain why.

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Supervisor's comments:

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Witness Statements

Please explain in detail what you observed.

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Witness Signature\_\_\_\_\_date\_\_\_\_\_

Please explain in detail what you observed.

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Witness Signature\_\_\_\_\_date\_\_\_\_\_