

EMPLOYEE'S REPORT OF INJURY FORM

Name of Injured: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / _____ Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____

Date of Hire: ____ / ____ / _____ Job Title: _____

Address of Accident: _____

Date of Accident: ____ / ____ / _____ Time of Accident: _____

Supervisor's Name: _____ Phone #: (____) _____

Who did you report the injury to? _____

Name(s) of witness(es), use back of sheet if necessary:

_____ Phone #: (____) _____

_____ Phone #: (____) _____

Describe the injury including all parts of the body affected: _____

Please describe, in detail, what took place before, during and after the accident: _____

Recommendations on how this accident may be prevented in the future: _____

Do you require medical attention? Yes No Not Sure

Name of your treating physician: _____

Physician's Phone #: (____) _____

Signature of Employee: _____ Date: ____ / ____ / _____

ACCIDENT WITNESS STATEMENT

Name of Injured: _____

Name of Witness: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Date of Hire: ____ / ____ / ____

Supervisor's Name: _____ Phone #: (_____) _ _____

Address of Accident: _____

Area of Accident (hallway, parking lot,...): _____

Date of Accident: ____ / ____ / ____ Time of Accident: _____

Describe the injury including all parts of the body affected: _____

Please describe, in detail, what took place before, during and after the accident: _____

Recommendations on how this accident may be prevented in the future: _____

Signature of Employee: _____ Date: ____ / ____ / ____

SUPERVISOR'S ACCIDENT INVESTIGATION

Supervisor's Name: _____ Phone #: (_____) _ _____

Name of Injured: _____

Injured Date of Hire: ____ / ____ / ____ Job Title: _____

Time in Current Position: _____ On Employer's Premises? Yes No

Date of Accident: ____ / ____ / ____ Time: _____

Address of Accident: _____

Describe what employee was doing when accident occurred and what tools were being used: _____

Describe the injury including all parts of the body affected: _____

What property/equipment was damaged and who was the owner? _____

Please indicate all **ALL** of the following which contributed to the injury or illness:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lack of Training or Skill | <input type="checkbox"/> Unsafe Position | <input type="checkbox"/> Operating Without Authority |
| <input type="checkbox"/> Improper Dress | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Improper Protective Equipment |
| <input type="checkbox"/> Improper Maintenance | <input type="checkbox"/> Unsafe Equipment | <input type="checkbox"/> Inoperative Safety Device |
| <input type="checkbox"/> Failure to Secure | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Other: _____ |

Corrective action to prevent this type of accident from recurring: _____

Was employee trained in the proper use of Protective Equipment and Procedures? Yes No

Did employee promptly report the injury/illness? Yes No

Is there modified duty available? Yes No

Signature of Supervisor: _____ Date: ____ / ____ / ____

NEAR MISS REPORT

Employee Name: _____ Phone #: (____) _ _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Male Female

Date of Hire: ____ / ____ / ____ Job Title: _____

Address of Near Miss: _____

Date of Near Miss: ____ / ____ / ____ Time of Near Miss: _____

Supervisor's Name: _____ Phone #: (____) _ _____

Who did you report the near miss to? _____

Name(s) of witness(es), use back of sheet if necessary:

_____ Phone #: (____) _____

_____ Phone #: (____) _____

What equipment was involved? _____

Describe, in detail, the near miss situation: _____

What corrective actions or additional training is recommended to prevent recurrence? _____

Signature of Supervisor: _____ **Date:** ____ / ____ / ____

Status of follow-up action taken by safety coordinator: _____

Signature of Safety Coordinator: _____ **Date:** ____ / ____ / ____