**Employee’s Report of Injury Form**

**Instructions:** Employees 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 as soon as possible and given to a supervisor for further action.

<table>
<thead>
<tr>
<th>I am reporting a work related:</th>
<th>☐ Injury ☐ Illness ☐ Near miss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name:</td>
<td></td>
</tr>
<tr>
<td>Job title:</td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Have you told your supervisor about this injury/near miss?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Date of injury/near miss:</td>
<td>Time of injury/near miss:</td>
</tr>
<tr>
<td>Names of witnesses (if any):</td>
<td></td>
</tr>
<tr>
<td>Where, exactly, did it happen?</td>
<td></td>
</tr>
<tr>
<td>What were you doing at the time?</td>
<td></td>
</tr>
<tr>
<td>Describe step by step what led up to the injury/near miss. (continue on the back if necessary):</td>
<td></td>
</tr>
<tr>
<td>What could have been done to prevent this injury/near miss?</td>
<td></td>
</tr>
<tr>
<td>What parts of your body were injured? If a near miss, how could you have been hurt?</td>
<td></td>
</tr>
<tr>
<td>Did you see a doctor about this injury/illness?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, whom did you see?</td>
<td>Doctor’s phone number:</td>
</tr>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
<tr>
<td>Has this part of your body been injured before?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, when?</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Your signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Supervisor’s Accident Investigation Form

Name of Injured Person _________________________________________________

Date of Birth ___________________ Telephone Number ____________________

Address ______________________________________________________________

City _____________________________ State_______ Zip _____________

(Circle one)  Male  Female

What part of the body was injured?  Describe in detail. ________________________________________

_____________________________________________________________________________________

What was the nature of the injury?  Describe in detail. _________________________________________

____________________________________________________________________________

____________________________________________________________________________

Describe fully how the accident happened? What was employee doing prior to the event? What
equipment, tools being using?  __________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Names of all witnesses:

_____________________________________________________________________________________

_____________________________________________________________________________________

Date of Event ______________________ Time of Event _________________________________

Exact location of event: _________________________________________________________________

What caused the event?  _________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Were safety regulations in place and used? If not, what was wrong? ______________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Employee went to doctor/hospital?  Doctor’s Name ___________________________________________

Hospital Name
d

Recommended preventive action to take in the future to prevent reoccurrence.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

―____________________________________________________________________________________

Supervisor Signature ____________ Date __________
# Incident Investigation Report

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a:  
- ☐ Death  
- ☐ Lost Time  
- ☐ Dr. Visit Only  
- ☐ First Aid Only  
- ☐ Near Miss

Date of incident:  
This report is made by:  
- ☐ Employee  
- ☐ Supervisor  
- ☐ Team  
- ☐ Other

## Step 1: Injured employee (complete this part for each injured employee)

| Name: | Sex:  
- ☐ Male  
- ☐ Female | Age: |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Job title at time of incident:</td>
</tr>
</tbody>
</table>
| Part of body affected: (shade all that apply) | Nature of injury: (most serious one)  
- ☐ Abrasion, scrapes  
- ☐ Amputation  
- ☐ Broken bone  
- ☐ Bruise  
- ☐ Burn (heat)  
- ☐ Burn (chemical)  
- ☐ Concussion (to the head)  
- ☐ Crushing Injury  
- ☐ Cut, laceration, puncture  
- ☐ Hernia  
- ☐ Illness  
- ☐ Sprain, strain  
- ☐ Damage to a body system:  
- ☐ Other  |
| This employee works:  
- ☐ Regular full time  
- ☐ Regular part time  
- ☐ Seasonal  
- ☐ Temporary  |
| Months with this employer: | Months doing this job: |

## Step 2: Describe the incident

<table>
<thead>
<tr>
<th>Exact location of the incident:</th>
<th>Exact time:</th>
</tr>
</thead>
</table>
| What part of employee’s workday?  
- ☐ Entering or leaving work  
- ☐ Doing normal work activities  
- ☐ During meal period  
- ☐ During break  
- ☐ Working overtime  |
<p>| Names of witnesses (if any): | |</p>
<table>
<thead>
<tr>
<th>Number of attachments:</th>
<th>Written witness statements:</th>
<th>Photographs:</th>
<th>Maps / drawings:</th>
</tr>
</thead>
</table>

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ☐

### Step 3: Why did the incident happen?

<table>
<thead>
<tr>
<th>Unsafe workplace conditions: (Check all that apply)</th>
<th>Unsafe acts by people: (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inadequate guard</td>
<td>☐ Operating without permission</td>
</tr>
<tr>
<td>☐ Unguarded hazard</td>
<td>☐ Operating at unsafe speed</td>
</tr>
<tr>
<td>☐ Safety device is defective</td>
<td>☐ Servicing equipment that has power to it</td>
</tr>
<tr>
<td>☐ Tool or equipment defective</td>
<td>☐ Making a safety device inoperative</td>
</tr>
<tr>
<td>☐ Workstation layout is hazardous</td>
<td>☐ Using defective equipment</td>
</tr>
<tr>
<td>☐ Unsafe lighting</td>
<td>☐ Using equipment in an unapproved way</td>
</tr>
<tr>
<td>☐ Unsafe ventilation</td>
<td>☐ Unsafe lifting</td>
</tr>
<tr>
<td>☐ Lack of needed personal protective equipment</td>
<td>☐ Taking an unsafe position or posture</td>
</tr>
<tr>
<td>☐ Lack of appropriate equipment / tools</td>
<td>☐ Distraction, teasing, horseplay</td>
</tr>
<tr>
<td>☐ Unsafe clothing</td>
<td>☐ Failure to wear personal protective equipment</td>
</tr>
<tr>
<td>☐ No training or insufficient training</td>
<td>☐ Failure to use the available equipment / tools</td>
</tr>
<tr>
<td>☐ Other: ________________________</td>
<td>☐ Other: ____________________________________</td>
</tr>
</tbody>
</table>

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No
### Step 4: How can future incidents be prevented?

**What changes do you suggest to prevent this incident/near miss from happening again?**

- [ ] Stop this activity
- [ ] Guard the hazard
- [ ] Train the employee(s)
- [ ] Train the supervisor(s)
- [ ] Redesign task steps
- [ ] Redesign work station
- [ ] Write a new policy/rule
- [ ] Enforce existing policy
- [ ] Routinely inspect for the hazard
- [ ] Personal Protective Equipment
- [ ] Other: ____________________

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: [ ]

### Step 5: Who completed and reviewed this form? (Please Print)

- **Written by:**
  - [ ] Title:
  - [ ] Department:
  - [ ] Date:

- **Names of investigation team members:**
  - [ ]

- **Reviewed by:**
  - [ ] Title:
  - [ ] Date: