

EMPLOYEE INJURY REPORT

NAME: _____ DATE REPORTED: _____

DEPARTMENT: _____ TIME REPORTED: _____

DATE OF OCCURRENCE: _____ DAY OF WEEK _____ TIME: _____

LOCATION OF OCCURRENCE: _____

SUPERVISOR NAME: _____

JOB EMPLOYEE PERFORMING AT TIME OF OCCURRENCE: _____

DESCRIPTION OF WHAT OCCURRED (GIVE COMPLETE DETAILS INCLUDING WHERE, WHEN HOW AND WHY):

IN YOUR OPINION, WHY DID THE ACCIDENT OR INJURY TAKE PLACE?

IDENTIFY PARTS OF YOUR BODY INJURED _____

WHAT PIECE OF EQUIPMENT INJURED YOU, IF APPLICABLE _____

IF PART OF OTHER OBJECT, APPROXIMATE WEIGHT AND SIZE: _____

LIST ALL WITNESSES TO OCCURRENCE, OR PERSONS NEARBY AT THE TIME:

AT ANY TIME IN THE LAST FIVE YEARS, WERE YOU UNDER DOCTOR'S CARE FOR SAME OR SIMILAR INJURIES? _____ IF SO, WHEN? _____

DATE

EMPLOYEE SIGNATURE