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.

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

Supervisor's Accident Investigation Form

Name of lnjured 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 _____

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

_____

_____

_____

_____ _____

Supervisor Signature Date

Incident Investigation Report

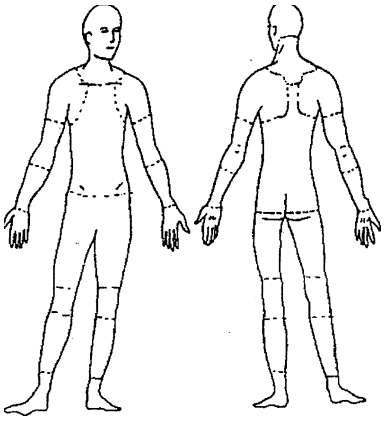
Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.)*

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:
Department:	Job title at time of incident:	

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
- ☐ Abrasion, scrapes
- **D** Amputation
- **D** Broken bone
- ☐ Bruise
- ☐ Bum (heat)
- ☐ Bum (chemical)
- ☐ Concussion (to the head)
- **D** Crushing Injury
- ☐ Cut, laceration, puncture
- **D** Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system:
- **D** Other .....

This employee works:
- ☐ Regular full time
- ☐ Regular part time
- **D** Seasonal
- **D** Temporary

Months with this employer

Months doing this job:.

Step 2: Describe the incident

Exact location of the incident:	Exact time:

What part of employee's workday? ☐ Entering or leaving work **D** Doing normal work activities ☐ During meal period **D** During break ☐ Working overtime **D** Other_____

Names ofwitnesses (if any):

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:

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?

Unsafe workplace conditions: (Check all that apply)
- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment/ tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other:

Unsafe acts by people: (Check all that apply)
- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ . Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment/ tools
- ☐ Other: _____

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 d1UI1aged") 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 workstation ☐ 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: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date: