

## Employee's Report of Incident 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 review.

I am reporting a work related: <input type="checkbox"/> Incident <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss	
Your Name:	
Job Title:	Cell/Phone #:
Your supervisor's name (please print):	
Have you told your supervisor about this incident/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Name 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?	
Are you planning to seek medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appointment Date:	Time:

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's name (please print): \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_