I am reporting a work related: ❑ *Injury* ❑ *Illness* ❑ *Near miss*

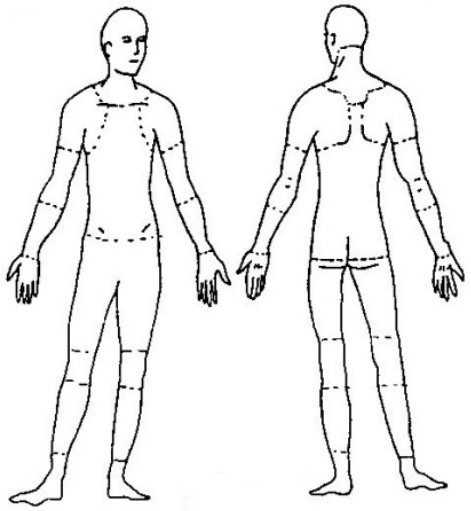
Injury or Illness Investigation Form

Employee's Statement

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.

Name:				Job Title:	
Address:				Supervisor:	
Home Phone:		Sex:		Department:	
Date of Birth:		Age:		Hire Date:	
Work Phone:				Date Injury Reported to Supervisor:	
Date of Incident/Near Miss:				Time of Incident / Near Miss:	a.m./p.m.
Start of Shift (time)?	a.m. /p.m.			# Hours Worked the day of Injury?	
Name(s) of Witness(es):					

Where, exactly, did the incident happen?	
What were you doing at the time of the incident?	
Describe step-by-step what led up to the injury/near miss (continue on the back if necessary). What equipment/tools were being used?	
What could have been done to prevent this injury/near miss?	
What part(s) of your body were injured? (Shade all that apply)	



Employee Signature: _____

Date: _____

Rev Date: 02/16/2012

Injury or Illness Investigation Form

Supervisor's Statement

Name of Injured Person:		Date of Event:		Time of Event:	a.m./p.m.
What part of the body was injured?					
Name(s) of all witnesses:					
Exact location of event:					
Were safety regulations and Personal Protective Equipment in place and used?	❑yes ❑ no If no, why?				
Did employee receive treatment?	❑yes ❑ no If yes, ❑On Site-Minor First Aid or ❑ Off Site-Medical Facility				
Medical Facility / Physician:		Hospital Name:			
Was employee released to return to work that same day?	❑yes ❑ no				
Did employee return?	❑yes ❑ no If yes, what time did employee return to work? _____a.m./p.m.				
Did employee die?	❑yes ❑ no If yes, date of death? _____				

***REQUIRED COMMENT:**

*Describe fully what occurred.
*Why did this incident/near miss happen?
*To the best of your ability recommend how to prevent this type of incident/near miss from happening again. (use back of page if necessary)

Supervisor Signature:_____ _____ Date:_____

Rev Date: 02/16/2012