



EMPLOYEE REPORT OF INJURY/INCIDENT

It is very important for us to understand how your accident occurred and what type of injury you have so we can process your accident claim and evaluate the need to make improvements in our safety program.

We encourage your comments and suggestions, which can be made in the final comments block of this form.

Name: _____ SSN: _____ DOB: _____

Date of Injury? _____

Time of Injury? _____ AM or PM

Location where the injury occurred? _____

Who was working for you at the time of injury? _____

Who witnessed the accident occur? _____

What time did you start work on the day of injury? _____ AM or PM

How many days in the workweek had you worked prior to the injury? _____

What are your regular workdays in the week (circle all that apply)? SUN MON TUE WED THU FRI SAT

Do you work more than one job (if yes, write down where else you work along with hours)?

What were your job duties on the date and time of the injury?

Were these duties your normal duties that you carry out on a day-to-day basis (circle one)? YES or NO

Have you seen the doctor for any reason in the past 24 months (circle one)? YES or NO

Have you been injured in the past while working (circle one)? YES or NO

If yes, please list the injuries that you have had, along with the month and year they occurred.

Who is your supervisor? _____

Was your supervisor in the area when the accident occurred (circle one)? YES or NO

Were you on any medication at the time of the accident (circle one)? YES or NO

If so, what type and for what reason?

Provide a detailed description of what occurred and how you were injured.

Did you report the injury to your supervisor right after it occurred? YES or NO

If no, why?

What part(s) of your body were injured? _____

Have you ever been counseled or disciplined on the job for violating Company safety rules? YES or NO

Please provide us with your opinion on how we can prevent these types of accidents in the future.

Please provide us with any other information on this accident or express final comments, which may assist us in evaluating what occurred.

SIGNATURE: _____

DATE: _____