

# Employee Injury Report 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 Participant/Designee for further action.

**REPORT TYPE:** Injury  Illness  Near Miss

**Employee Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Reported to Participant/Designee ?** YES  NO

**Participant/Designee Name:** \_\_\_\_\_

## INJURY DETAILS

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM  PM  **BODY PART INJURED:** \_\_\_\_\_  
(Be specific)

**Witnesses (If any)** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Location:** (Where exactly did injury take place? Include city, state, business name, address, etc.)

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**Cause:** (What were you doing at the time and what could have been done to prevent this injury?)

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## MEDICAL ATTENTION INFORMATION (fill out ALL applicable fields)

TYPE	DATE	NAME	ADDRESS	PHONE
Doctor				
Urgent Care				
Hospital				
Other				

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant/Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_