

Employee Report of Injury

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|----------------------|-------------------|
| Name | Job Title |
| Department | Your Phone Number |
| Date of Incident | Time of Incident |
| Location of Incident | Supervisor's Name |

| | |
|------------------------------------------------------------------------------------------|----------------------------------------|
| Do you work a second job? | If yes, provide name of employer |
| <p>How did the injury occur?</p> <hr/> <hr/> | |
| <p>Describe your injury and show on the diagram below body parts injured</p> <hr/> <hr/> | |
| <p>Describe step by step what led up to your injury</p> <hr/> <hr/> | |
| <p>Who else was present?</p> | |
| Did you lose time from work? | If yes, what is the first date missed? |
| <p>Any recommendation(s) to prevent similar injuries?</p> <hr/> <hr/> | |

I verify the statement to be true and correct

Sign & Date

