

# Employee Report of Injury

**(MUST be filled out & submitted within 24 hours of injury)**

The purpose of this report is to prevent similar incidents from occurring. It should be completed and signed by the injured worker.

Incident:     Near Miss     Minor Injury     Minor Illness     Major Injury     Major Illness

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_     AM     PM

Injured Employee: \_\_\_\_\_

Occupation: \_\_\_\_\_ Months on this job: \_\_\_\_\_

## Incident Description

When did you report the incident and to who?

\_\_\_\_\_

Did you require medical attention?    Yes: \_\_\_    No: \_\_\_

Location of incident (entrance, loading dock, bathroom, etc.)

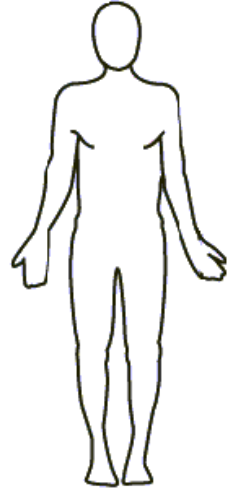
\_\_\_\_\_

Witness(es)

\_\_\_\_\_

Describe in detail how the incident occurred and what you were doing when it occurred?

\_\_\_\_\_



Circle Affected  
Body Part

What body part(s) were affected?

\_\_\_\_\_

What unsafe act(s) or condition(s) contributed to the incident?

\_\_\_\_\_

What is at least one thing that can be done to prevent this type of incident from recurring?

\_\_\_\_\_

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

**Please send a digital version of this completed form to: HR at [jtoth@easternhancock.org](mailto:jtoth@easternhancock.org)**