Employee Report of Injury

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

the injured		prevent similar incid	ents from occurring. I	t should be complet	ed and signed by
Incident:	☐ Near Miss	☐ Minor Injury	☐ Minor Illness	☐ Major Injury	☐ Major Illness
Incident Da	te:		Time:		AM
Injured Emp	ployee:				
Occupation	1:		Months on this job:_		
Incident Do When did y	ou report the incide				Q
		on? Yes: loading dock, bathroo			
Witness(es	,				
Describe in			at you were doing wh		Circle Affected Body Part
•	part(s) were affecte				•
What unsaf	fe act(s) or condition	(s) contributed to the	incident?		
What is at I	east one thing that o	can be done to preve	nt this type of inciden	t from recurring?	
Employee S	Signature:			Date:	

Please send a digital version of this completed form to: HR at jtoth@easternhancock.org

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