

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

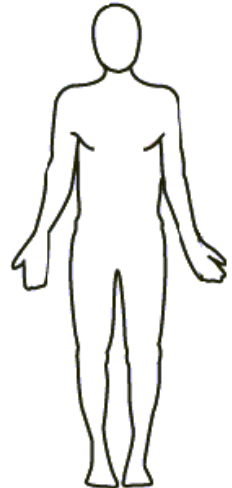
When did you report the incident and to who?

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