

# ***EMPLOYEE'S REPORT OF INJURY/ILLNESS***

I am reporting a work related:     Injury     Illness     Other

<b>Name of Employee:</b>	<b>Department: Supervisor:</b>
<b>Job Title:</b>	<b>Date/Time of Accident:</b>
<b>Specific Location:</b>	<b>Date/Time Reported:</b>
<b>Time Employee Reported for Work:</b>	<b>Event reported to:</b>
<b>Witnesses:</b>	

**WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?** \_\_\_\_\_  
\_\_\_\_\_

**NATURE OF INJURY (DESCRIBE IN DETAIL):** \_\_\_\_\_  
\_\_\_\_\_

**WHAT PART(S) OF THE BODY WAS (WERE) INJURED?** \_\_\_\_\_  
\_\_\_\_\_

**WAS ANY FIRST AID GIVEN?**     YES     NO    **IF NO AID WAS GIVEN, EXPLAIN WHY?**

**CARE GIVEN:** \_\_\_\_\_

**BY WHOM:** \_\_\_\_\_

**DID YOUR SUPERVISOR RECOMMEND MEDICAL TREATMENT?**     YES     NO

**DID YOU REQUIRE MEDICAL TREATMENT?**     YES     NO

**WHERE?** \_\_\_\_\_

**DID YOU RECEIVE A TETANUS SHOT?**     YES     NO

**HOW WERE YOU TRANSPORTED TO MEDICAL TREATMENT?** \_\_\_\_\_

**EXPLAIN STEP BY STEP WHAT LED UP TO THE INJURY/NEAR MISS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT COULD HAVE BEEN DONE TO PREVENT THE INJURY/NEAR MISS?** \_\_\_\_\_  
\_\_\_\_\_

**HAS THIS PART OF YOUR BODY BEEN INJURED BEFORE:** \_\_\_\_\_    **IF YES, WHEN?** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_    **DATE:** \_\_\_\_\_

## REPORT OF CARE GIVEN TO INJURED EMPLOYEE

NATURE OF INJURY: \_\_\_\_\_

CARE GIVEN: \_\_\_\_\_

\_\_\_\_\_

GIVEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## SUPERVISOR REPORT

DATE/TIME REPORTED: \_\_\_\_\_

WHAT WAS THE EMPLOYEE DOING AT THE TIME OF THE ACCIDENT (BE SPECIFIC)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPLAIN WHAT HAPPENED. INCLUDE CAUSE AND ANY CONTRIBUTORY FACTORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

WAS MEDICAL TREATMENT REQUIRED?     YES     NO

WHERE? \_\_\_\_\_

HOW WAS THE EMPLOYEE TRANSPORTED? \_\_\_\_\_

IF THERE IS ANY PREVENTIVE ACTION NEEDED, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

WORK HOURS LOST (DATES AND NUMBER OF HOURS): \_\_\_\_\_

WHEN WILL EMPLOYEE RETURN TO WORK? \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR TITLE: \_\_\_\_\_

**EMPLOYEES:** May use this form for reporting work related injuries, illnesses and other events that could have caused an injury or illness – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. Complete this form and give it to your supervisor as soon as possible after you are injured or become ill on the job. Also, use this form to report a near miss event. If you need additional space, please use the back of this form.

**PLEASE PRINT.**

**EMPLOYER/SUPERVISOR:** Complete page 2 of this report immediately after an incident that results in serious injury or illness. Complete the supervisor report for each injured employee. Be specific about what part of the body was injured and where the injury occurred. If you need additional space, please use the back of this form. Be sure to be specific in you description. There may be times when an investigation into the event is necessary. This might require photos, eyewitness interviews, physician reports, etc. Be sure your investigation is complete and detailed.

**We are required to call 1-800-423-7233 (Labor & Industries) within 8 hours of the following events:**

- **A fatality in the workplace**
- **An injury that results in an amputation or loss of an eye**
- **An employee who is hospitalized overnight due to an injury**