Employee Report of Incident

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. Explain in your own words the circumstances that led to the accident / near miss. This form shall be completed by employees as soon as possible and given to their Department Director (who shall forward a copy to the Safety Coordinator) for further action. Thank you.

I am reporting a work related:  [ ] Injury  [ ] Illness  [ ] Near Miss  [ ] Other

Name: (Print) __________________________________ Telephone #: __________________________________

Home Address: __________________________________________________________________________________

City: ___________________________________________________ Zip Code: ______________________________

Job Title: __________________________________ Department: ______________________________________

Department Director/Supervisor: __________________________________________________________________

Date of incident: __________________________ Time of incident: __________________________

Location of incident: __________________________________________________________________________

What were you doing at the time? _________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Describe step by step what led up to the incident: __________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

What part(s) of your body were injured? (If a near miss, how could you have been hurt?)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Recommendation on how to prevent this type of incident from recurring: ______________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Name(s) of any witness(es): __________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Signature: __________________________________ Date: __________________________
**Continue on back if necessary**