

Injury Report Form

I am reporting a work related: Injury Illness Near miss

Your Name: _____ Your Title: _____

Supervisor: _____

Have you told your supervisor about this injury/near miss? Yes No

Date of injury/near miss: _____ Time of injury/near miss: _____

Names of witnesses (if any):

Where, exactly, did it happen? _____

What were you doing at the time? _____

Describe step by step what led up to the injury/near miss. (Continue on the back if necessary):

What could have been done to prevent this injury/near miss? _____

What parts of your body were injured? If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness? Yes No

If yes, whom did you see? Doctor's phone number/Details: _____

Date: _____ Time: _____

Has this part of your body been injured before? Yes No

If yes, when? _____

Signed _____ Date: _____