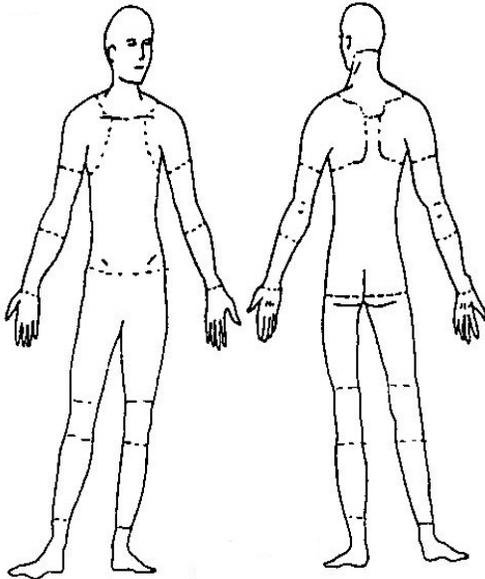


# Employee's Report of Accident/Incident Form

**Instructions:** Employees shall use this form to report all injuries, illnesses, incidents 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. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a: <input checked="" type="radio"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss <input type="checkbox"/> Property Damage	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss/ Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Date of injury/near miss/ incident:	Time of injury/near miss/incident:
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/ incident?



If applicable, what parts of your body were injured (Circle/ shade in area on picture)? If a near miss, how could you have been hurt?

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

If yes, list clinic name:

Doctor's name & phone number:

Date & Time of doctor visit:

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

If yes, when?

Supervisor:

Your signature:

Date: