

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