

EMPLOYEE ACCIDENT/INJURY OR ILLNESS REPORT

EMPLOYEE NAME: _____

DATE AND TIME OF THE INJURY OR EXPOSURE: _____

WHERE WERE YOU AND WHAT TASK WERE YOU PERFORMING OR WHAT WERE YOUR ACTIONS WHEN THE INJURY OR EXPOSURE OCCURRED? (Describe the activity, as well as the tools, equipment, or materials you were using.)

WHAT HAPPENED? (Describe how the injury occurred.)

NATURE OF THE INJURY OR ILLNESS (Describe the body part that was affected and how it was affected. Be as specific as possible.)

LIST OTHERS WHO OBSERVED THE INCIDENT:

HAVE YOU BEEN EXAMINED BY A PHYSICIAN? ____ IF YES, GIVE DOCTOR'S NAME, DATE OF EXAMINATION AND TREATMENT PERFORMED. INCLUDE WHETHER ANY MEDICATION IS PRESCRIBED, IF A FOLLOW-UP APPOINTMENT IS REQUIRED, ETC.

ADDITIONAL COMMENTS:

SIGNATURE OF EMPLOYEE _____

DATE _____