

Employee Report of Injury

Name	Job Title
Department	Your Phone Number
Date of Incident	Time of Incident
Location of Incident	Supervisor's Name

Do you work a second job?	If yes, provide name of employer
How did the injury occur? <hr/> <hr/>	
Describe your injury and show on the diagram below body parts injured <hr/> <hr/>	
Describe step by step what led up to your injury <hr/> <hr/>	
Who else was present?	
Did you lose time from work?	If yes, what is the first date missed?
Any recommendation(s) to prevent similar injuries? <hr/> <hr/>	

I verify the statement to be true and correct

Sign & Date

