**File Number:** \_\_\_\_ \_ \_\_\_\_\_\_

|  |  |
| --- | --- |
| **1. Employee Informaiton** | |
| **Date/Time of Incident:\_**  **Date/Time of Notification:\_**  **Time Shift Began?\_** | **CASE NUMBER: \_**  **Location: \_** |

**I am reporting a work related:  Injury  Illness  Near miss**

**Is your Supervisor aware of the injury/near miss? Y  N**

|  |  |
| --- | --- |
| **Your Name:** | **\_** |
| **Job Title:** | **\_** |
| **Supervisor:** | **\_** |
| **Witness:** | **\_** |
| **Witness:** | **\_** |
| **Other:** | **\_** |
| **Other:** | **\_** |

**Where exactly did it happen? \_**

|  |
| --- |
| **2. Basic Information:** |
| **What were you doing at the time?**  **\_**  **Describe step by step what led up to the injury/nearmiss?**  **\_**  **What parts of your body were injured? If a near miss, how could you have been hurt?**  **\_**  **What could have been done to prevent this injury/near miss?**  **\_** |
| |  | | --- | | **3. Medical Informaiton** | | |  |  |  |  | | --- | --- | --- | --- | | **Has this part of your body been injured before? Y  N**   |  |  | | --- | --- | | **If yes When? \_** | **What Happened previously? \_** | | | | **Did you see a doctor about this injury/illness? Y  N** | | | **If yes Who? \_** | **Doctors phone number: Text** | | **Date/Time: \_** | **Supervisor: \_** | | |
| **Using the pain man diagram on page two describe your injuries in detail.**  **Image result for Pain Man Charts\_** | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **4. Detailed Information** | | **Description of Incident –** (*Provide a Detailed description) What are all possible causes or events that caused the incident.*  **\_**   |  | | --- | | **5. Corrective Actions** | | **Corrective Actions – (***Provide a corrective action to prevent this in the future) Who is responsible for corrective action to prevent future incident.*  **\_** | | | |  | | --- | | **5. Signatures** | | |  |  | | --- | --- | | Your Signature: | Date/Time: \_ | | Supervisor Signature: | Date/Time \_ | | | |

*Human Resources Manager to Keep all Completed Forms on File.*