

# EMPLOYEE INCIDENT REPORT

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Home Address/City/Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender:  Male  Female Date of Hire: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Work Site: \_\_\_\_\_  
# of Hours Worked Daily: \_\_\_\_\_ # of Days Weekly: \_\_\_\_\_ # of Hours Weekly: \_\_\_\_\_

## INJURY/ILLNESS INFORMATION

Type of Incident:  Injury  First Aid  Near Miss  
Date of Injury/Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
How did you report the injury/incident?  In person  Phone  Other: \_\_\_\_\_  
Did anyone witness the injury?  Yes  No If so, Who: \_\_\_\_\_  
Was anyone else injured?  Yes  No If so, Who: \_\_\_\_\_  
Where did injury/incident occur? (Be specific, including building & room number, if applicable)  
\_\_\_\_\_  
What were you doing when the injury/incident occurred? (state equipment, materials and/or chemicals)  
\_\_\_\_\_  
Describe how the injury occurred: (Example: I was walking down the stairs, tripped & fell injuring right knee on the cement; I was lifting a box, felt sharp pain in lower back.)  
\_\_\_\_\_  
What body part(s) were injured? \_\_\_\_\_  
Have you ever had previous trouble with this part of your body? \_\_\_\_\_  
Was there anything that could have been done to prevent the injury? \_\_\_\_\_

## MEDICAL TREATMENT

Are you seeking medical treatment at this time?  No  Yes (if no fill out refusal of treatment)  
If yes please indicate where you are being referred to: \_\_\_\_\_

## EMPLOYEE SIGNATURE

**This is an accurate statement, in my own words, which describes my accident and/or injuries.**

**Warning: Any person who makes a false or fraudulent written or oral statement for the purpose of obtaining workers' compensation benefits or payments is guilty of a felony. Penalties include fines, imprisonment or both.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

Date \_\_\_\_\_