Employee's Report of Injury

Employee's name: ____Male ____Female

Last First Middle

Date of Birth: ______/______/______ Home Telephone# (______) _______________

Cell Phone # (______) ____________________

Home
Address:____

City State Zip Code

Position: ____

How long employed here: ______________________________ Weekly salary: ___________________

Location of Accident____________________________ _____________________________________

Address Area (loading dock, bathroom, etc.)

Date of accident: ___________________________Time of Accident: __________________________

Describe fully how accident occurred: (including event that occurred immediately before the accident):

____

____

____

Describe bodily injury sustained (be specific about body part(s) recurring):

____

____

Recommendation on how to prevent this accident from recurring______________________________

____

Name of Supervisor: ______________________________________Phone #_____________________

Name(s) of Witness(es):_______________________________________Phone#___________________

[Attach witness(es) report(s)]

When did you report the accident to your supervisor?____

Do you require medical attention?

Yes:________________No:__________________Maybe:____________________

_________________________ ______________________________ ___________________

Employee's Name (Print) Employee's Signature Date

_________________________ ______________________________ ___________________

Supervisor's Name (Print) Supervisor's Signature Date

Supervisor’s Accident Investigation Form

Location where accident occurred	Employers Premises: Yes ☐ No ☐ Job Site Yes ☐ No ☐	Date of incident or illness

Who was injured?	Time of Accident:

Length of Time with PTISD	Job Title or Occupatio	Name of dept assigned to	How long has employee worked at job where injury occurred?

What property/equipment was damaged?	Property/equipment owned by:

How did injury occur? List all objects and substances involved

Part of body affected/injured?	Any prior physical conditions? If so, what? Yes No

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

____	Failure to lockout	____	Improper Maintenance	____	Poor housekeeping
____	Failure to secure	____	Improper protective equipment	____	Poor ventilation
____	Horseplay	____	Inoperative safety device	____	Unsafe arrangement or process
____	Improper dress	____	Lack of training or skill	____	Unsafe equipment
____	Improper guarding	____	Operating without authority	____	Unsafe position
____	Improper instruction	____	Physical or mental impairment	____	Other____________________

Supervisors corrective action to ensure this type of accident does not recur:

Was employee trained in the appropriate use of Personal Protective Equipment/Proper Safety procedures _____ Yes _____No

Was employee cautioned for failure to use Personal Protective Equipment /Proper safety procedures?..... _____ Yes _____No

Did employee promptly report the injury/illness.. _____ Yes _____No

Is modified duty available at your work loacation ? .... _____ Yes _____No

Supervisor's Name	Supervisor's Signature	Phone #	Date

Accident Witness Statement

Injured Employee's name:

____

Last First Middle

Name of Witness: ____ Home Phone#_________________

Last First Middle Cell Phone # ________________

Job Title of Witness: _______________________________________How long employed here?________

Home Address of Witness: ____

City: ____State___________ Zip Code: ________________

Location of Accident_______________________ ____

Address (Name of Building) Area (loading dock, bathroom, etc)

Date of Accident: ___________________________________Time of Accident:_____________________

Describe fully how accident occurred: (include event that occurred immediately before the accident):

____

____

____

____

Describe injury sustained (be specific about body part(s) recurring):

____

____

Recommendation on how to prevent this accident from recurring_______________________________

____

Supervisor of
Witness:____

Signature of
Witness:____Date:_________________________