

Employee Incident Report



Information about the employee:

- 1) Full Name _____
- 2) Address _____
City _____ State ____ Zip _____
Telephone # _____
- 3) Date of birth _____ 4) Male / Female _____
- 5) Social Security # _____ 6) Marital Status _____
- 7) Job Title _____ 8) Date of Hire _____

Information about the physician or other health care professional:

- 9) Name of physician or other health care professional _____
- 10) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State ____ Zip _____
- 11) Was employee treated in an emergency room?
 Yes No
- 12) Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the incident:

- 13) Date of injury or illness _____
- 14) Time employee began work _____ AM / PM
- 15) Time of event _____ AM / PM
- Location / Address
16) (where incident occurred) _____

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- 17) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer."
- 18) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement."
- 19) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained lower back"; "chemical burn, right hand."
- 20) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 21) **Was there a witness? If so, who?** Be sure to have each witness write a separate statement detailing what he/she witnessed and submit to HR.

Employee Signature

Date

REMINDER: Notify your supervisor immediately.