

Occupational Injury Reporting Form

Worker: Please completely fill out this side.

If you visit a doctor because of this injury please fill out an "801" form.*

INJURED WORKER

Please check the appropriate box:

Last Name _____

First Name _____ Middle Initial _____

Department _____

Job Title _____

Work Phone _____

Employee

Temp. Hire

Client

Volunteer

INJURY

Date of Injury _____ Type of Injury (e.g. scrape, sprain)

Time of Injury _____ Injured Body Part

Have you injured this body part before? If Yes, when?

Location injury took place (e.g. Bush Park, Courthouse Square 3rd floor)

Describe the task you were performing at the time of injury:

Describe in detail how the incident happened (attach additional paper if needed):

Was first aid given at time of injury? YES NO

If yes please list first aid given:

Worker's signature _____ Today's Date _____ Phone _____

*Fill out "801" if you visited the doctor because of this injury. Exception: see "Volunteer Injury Policy" for Volunteers.

Supervisor: Please completely fill out reverse side.

Supervisor: Please completely fill out this side.

SUPERVISOR'S INVESTIGATION REPORT

The purpose of this report is for documentation and to determine what type of constructive actions can eliminate the causes of the accident-not to establish blame. Forward this report to Risk management within 24 hours. Keep a copy on file for 5 years.

Supervisor's Name _____ Phone Number _____

Investigative Details (other workers involved, property damage, faulty equipment, weather, light, etc.):

....Attach additional pages, sketches, and interviews if needed.

YES OR NO SECTION

Was the worker qualified to perform the task involved with the incident?

Was the worker properly trained before the incident?

Did the task have proper operating procedure established?

Were the procedures followed?

If you answered No to any of the questions above, please explain why:

ACTIONS

Determine what kind of constructive actions could be taken to eliminate the causes of the incident:

What actions have already been taken to prevent recurrence?

Supervisor's Signature _____ Today's Date _____ Phone _____

Management Review Signature _____ Today's Date _____ Phone _____