



Employee Report of Injury/Incident

(To be completed by employee)

- Check Correct Boxes
- Medical Treatment
 - Lost Time Injury
 - First Aid Case
 - Near Miss

Date of Injury:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Place where accident occurred:		Notification date:	
Name of employee:	DEPT:	Job Title:	Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/>
<i>Note: Please complete every space carefully. If necessary, use reverse side for additional comments.</i>			
1. Describe the nature of the injury, illness or near miss. Be specific-list the type of injury (contusion, sprain, etc.) and location (lower left calf, right index finger, etc.) <div style="text-align: right;">Indicate what side: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</div>			
<input type="checkbox"/> CHECK IF THE ABOVE DESCRIBED INJURY OR ILLNESS DOES NOT AT THIS TIME REQUIRE MEDICAL ATTENTION.			
2. Describe task employee was performing at time of injury, illness or near miss. Example: Climbing ladder to remove a light bulb in the Administration building.			
3. Describe how accident or exposure occurred. Example: standing on top step of ladder while changing a light bulb. Stepped back to climb down and missed the step and fell off. Landed on carpet flooring. Sprained my back and broke my right wrist.			
Witness Name:		Witness Name:	
4. Prevention recommendations: Example: Should never stand on the top step of a ladder. Always use three points of contact.			
Employee's Signature: <div style="display: flex; justify-content: space-between;"> <div style="width: 70%; text-align: center;"> <hr style="border: none; border-top: 1px solid black;"/> <p><i>Print and sign name</i></p> </div> <div style="width: 25%; text-align: center;"> <hr style="border: none; border-top: 1px solid black;"/> <p><i>Date</i></p> </div> </div>			
Employee's daytime phone number:			

Send completed form to your direct supervisor and the Human Resources Department, CPO 320.