



# EMPLOYEE REPORT OF INJURY

Name (First, Middle Initial, Last)		Supervisor	
Social Security Number	Job Title		Work Hours From _____ to _____
Date of Injury (Mo/Dy/Yr)	Time of Injury	Date Reported (Mo/Dy/Yr)	Injury Reported To
Describe How Injury Occurred			
Location Where Injury Occurred (Site Name, Street Address and Area Of Incident)			
What Part Of The Body Was Injured?			
Were You Previously Injured Before The Incident Occurred?			
What Could Have Been Done To Prevent The Injury?			
First and Last Name Of Witness(es)			
<i>This is an accurate statement in my own words describing this incident and my injuries.</i>			
Print First and Last Name		Signature and Date	