

**REPORT OF INJURY TO EMPLOYEE**

EMPLOYEE NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SS#: \_\_\_\_\_ STARTING DATE OF EMPLOYMENT: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_

DATE EMPLOYER NOTIFIED: \_\_\_\_\_

DATE EMPLOYEE RETURNED TO WORK: \_\_\_\_\_

TYPE OF INJURY: \_\_\_\_\_

SPECIFIC BODY PART INJURED: \_\_\_\_\_

NAME OF HOSPITAL OR DOCTOR FOR TREATMENT: \_\_\_\_\_

SHIFT WORKING AT TIME OF INJURY: \_\_\_\_\_

(EXAMPLE: 7a.m. - 4 p.m.)

LOCATION OF INCIDENT: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

DESCRIBE WHAT HAPPENED:

Cause of accident/Steps taken to prevent reoccurrence of this type of accident:

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_