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On-The-Job Injury/Illness Incident Report

(This form must be completed within 24 hours of injury/illness and submitted to the Human Resources Office)

Full Name of Injured Employee:

Address:

Date of Birth:

Gender:

Male

Female

Department:

Immediate Supervisor:

Date Hired:

Date of Accident/Injury:

Time of Accident/Injury:

Time injured employee reported to work on the day of the incident:

Date Reported:

Person to Whom Accident/Injury Reported:

Where did the accident/injury occur:

How did the accident/injury occur:

Did the injury/accident involve exposure to blood borne pathogens (bodily fluids)? Yes No

Was the injury witnessed? Yes No

If yes, name(s), address(es), phone number(s) of witness(es):

List any tools, equipment, substances, machinery, etc. in use when the event occurred:

Describe the nature and severity of the injury. What part of the body was affected and how it was affected (i.e., strained back, chemical burn, hand, etc.)

What object or substance directly harmed the employee: (i.e., concrete floor, chlorine, radial arm saw):

