

# ▶▶▶ Employee Injury Report

Employee Name: \_\_\_\_\_ Emp ID # \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Injury \_\_\_\_\_ Date Reported: \_\_\_\_\_

Staffing Company/Branch: \_\_\_\_\_ Client or Site Where Injured: \_\_\_\_\_

## Report of Injury ▶

1) What part(s) of your body was injured? (i.e. right eye, left ankle, index finger, etc.) : \_\_\_\_\_  
\_\_\_\_\_

2) Exactly what were you doing at the time of the injury? \_\_\_\_\_  
\_\_\_\_\_

3) What object, machine, tool, substance, etc. directly caused your injury? \_\_\_\_\_  
\_\_\_\_\_

4) If machinery, a tool or vehicle was involved, was it in good working order and being operated safely at the time of the accident?  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_

5) In your own words, describe exactly how the injury/illness occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ▶ Other Important Information

6) Was safety equipment provided for your use?  Yes  No If so, were you using it?  Yes  No

7) Who saw the accident or injury take place? \_\_\_\_\_

8) What do you think can be done to prevent other accidents like this? \_\_\_\_\_  
\_\_\_\_\_

9) What else should the company know about what took place? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FAX TO 419-725-9495 WITHIN 24 HOURS OF INCIDENT**