

▶▶▶ 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