EMPLOYEE'S STATEMENT OF INCIDENT

(To be completed by injured employee)

Employee must complete all questions in own handwriting. (Use another sheet, if more space is needed.)

Name: _____ Phone Number-Day: _____

Address: _____ Phone Number-Night: _____

City: _____ State: _____ Zip Code: _____

Department: _____ Job: _____ Supervisor: _____

Date & Hour Injury Occurred: _____ _____ AM☐ PM☐

Where did this occur:

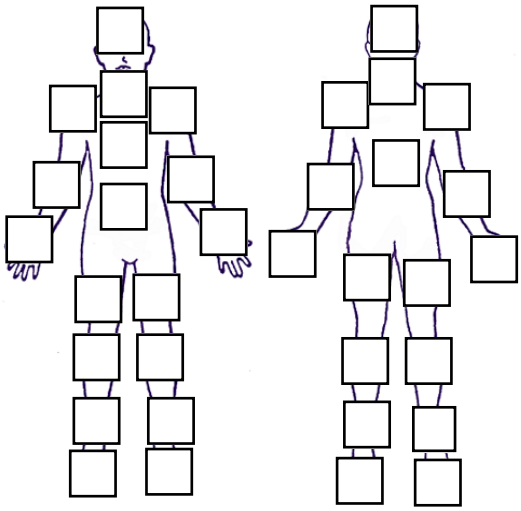
Date & Hour You Notified Employer: _____ _____ AM☐ PM☐

Reported to Whom: _____ Names of Witnesses: _____

Explain exactly what happened:

Your suggestion on how to prevent a similar future incident

If injured, complete the remainder of the form. If not injured, sign and date at the bottom of the form.



Describe the nature of all injuries, identifying the parts of your body that were injured; please circle parts of body injured on diagram.

What personal protective equipment were you using?

What were you doing at time in injury?

Describe anything you were doing differently than usual.

Have you had complaints to the same part of the body in the past?

Date & Time you first saw doctor: _____ _____ AM☐ PM☐

Names of all doctors you have seen for injury:

First full day/shift missed due to this injury: _____ _____ AM☐ PM☐

I have read the above statement and it is true and complete to the best of my knowledge.

Employee's Signature: _____ Date: _____