



## Employee's Report

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: Male  Female

Address (No, St, Apt) \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Location where you were injured \_\_\_\_\_ Employee # \_\_\_\_\_

Other Locations where you work \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Job Title \_\_\_\_\_ Status: PFT  PPT  Relief

Injury Date (MM/DD/YY) \_\_\_\_\_ Time of Injury \_\_\_\_\_

Date Reported (MM/DD/YY) \_\_\_\_\_ Time Reported \_\_\_\_\_

Shift Start Time \_\_\_\_\_ Shift End Time \_\_\_\_\_ Did you finish your shift:  Yes  No

### Action Following Incident:

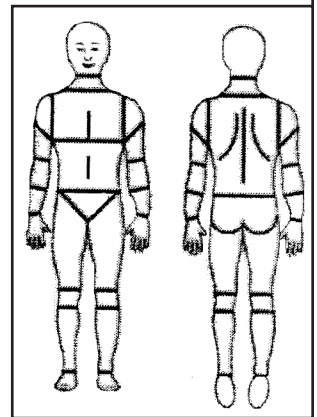
Remained at Work  First Aid  Lost time injury (*missed/will miss time beyond injury date*)  Report Only

Medical Aid at Hospital (*saw doctor*)  Date \_\_\_\_\_ Medical Aid (GP *saw/will see doctor*)  Date \_\_\_\_\_

### Where were you when the incident occurred

(i.e. bathroom, kitchen \_\_\_\_\_ Witness (*if any*) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 at a mall) \_\_\_\_\_ Witness (*if any*) \_\_\_\_\_ Phone #: \_\_\_\_\_

**Describe the injury (*if any*):** Please describe the nature of the injury (e.g. strain, cut, bruise, blood exposure, burn, etc.) and body part affected (e.g. Left back, right shoulder, finger). On the body maps, please put an X on the body part(s) injured. Please provide as much detail as possible.



### Describe how the incident occurred and what you were doing when the incident

**happened:** Ensure all relevant information is supplied including what you were doing just prior to the incident. Please attach additional information as necessary.

**Previous discomfort in the affected area?**  Yes  No

Incident Reported To:

Date (MM/DD/YY):

Name of person completing form (if not employee):

Employee Signature: