|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee: |  | DOB: |  | | SSN: | xxx-xx- | | |
| Supervisor: |  | Date / Time: | |  | | |  |  |
| Work Area: |  | | | | | | | |

# Details

|  |
| --- |
| What were you doing just before the injury/incident occurred? (List activities, tools in use, etc.) |
|  |
|  |
|  |
| What happened or went wrong? (what *unexpected* action/condition led to the injury/incident) |
|  |
|  |
|  |
| Describe any injury (type of injury and part of the body)  NA |
|  |
|  |
|  |
| What specific object/thing/action caused the injury/incident? (machine, tool, environment, chemical, overexertion, etc.) |
|  |
|  |
|  |
|  |
| Was anyone else injured?  Yes  No  NA |
| Did anyone witness the injury/incident?  Yes  No |
| *Provide any additional details on the back of this form or on an attached sheet of paper.* |

**Statement/Release:** I certify that these facts are true and correct to the best of my knowledge. I hereby authorize the full release of all medical records or other information related to this incident, to my employer or their designated representative.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Employee** |  | **Date of Report** |