

**INCIDENT/INJURY REPORT FORM**

**\*REPORT ALL INJURIES WITHIN 24 HOURS\***

**PLEASE TYPE OR PRINT IN BLACK INK. BE SURE TO PROVIDE ALL REQUESTED INFORMATION**

**I. EMPLOYEE REPORT: DEPARTMENT/EMPLOYER:**

LAST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: Street, #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SOC SEC #: - - - SEX: M F AGE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_ AM/PM

BUILDING AND/OR AREA NORMALLY ASSIGNED: \_\_\_\_\_

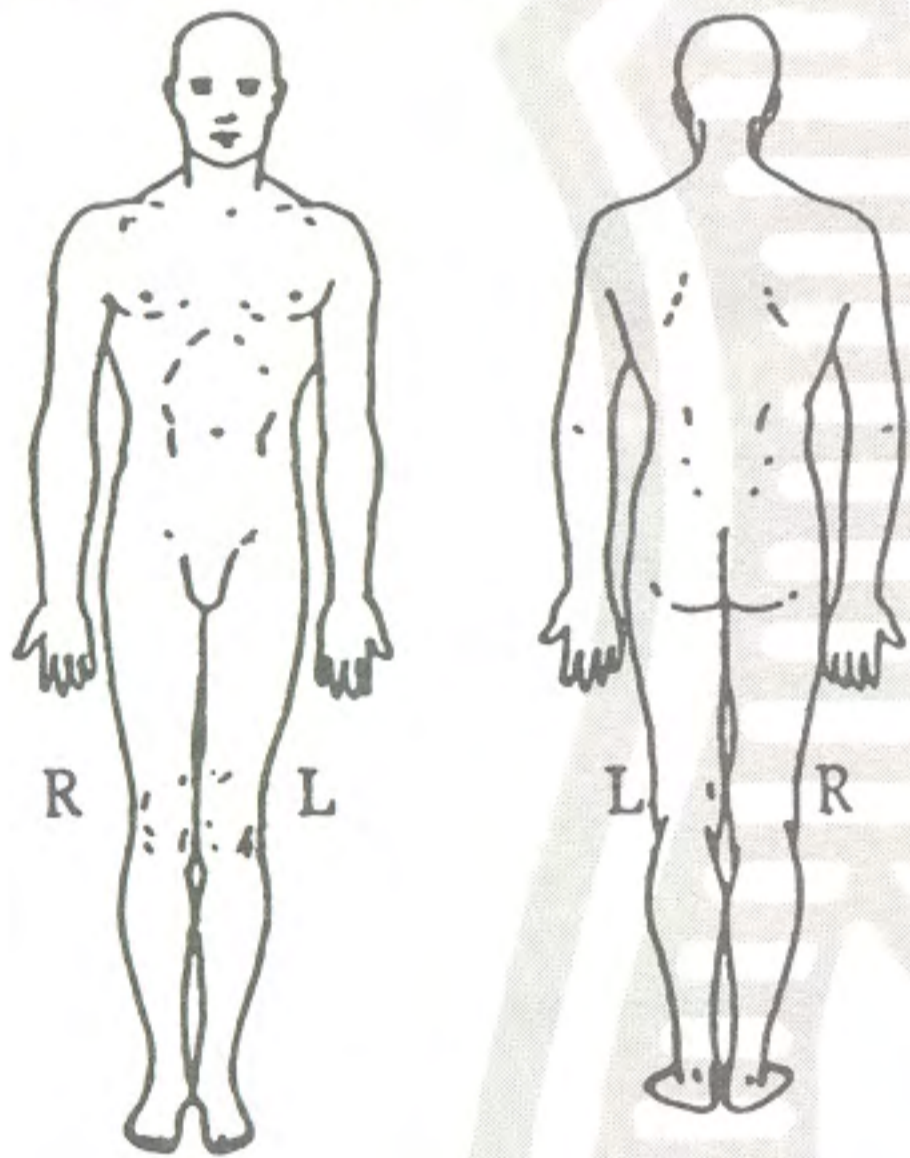
BUILDING AND/OR AREA WHERE INCIDENT OCCURRED: \_\_\_\_\_

HOW MANY HOURS HAD YOU BEEN WORKING IN A ROW WHEN THIS OCCURRED? \_\_\_\_\_

DO YOU HAVE SUPPLEMENTAL EMPLOYMENT? Y N DESCRIBE AND ILLUSTRATE (AT LEFT) YOUR INJURY: \_\_\_\_\_

WHAT ARE YOUR NORMAL WORK HOURS? \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM

INDICATE ON THESE FIGURES THE AFFECTED BODY PART(S) AT TIME OF INJURY:



DESCRIBE THE INCIDENT: \_\_\_\_\_

WAS INJURY/INCIDENT REPORTED TO SUPERVISOR? YES NO

WAS INJURY/INCIDENT WITNESSED BY ANYONE? YES NO

WITNESS NAME (PRINT): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**II. SUPERVISOR REPORT :**

DATA AND TIME NOTIFIED \_\_\_\_\_

WAS THERE A SPECIFIC INCIDENT/ACCIDENT? Y\_N\_UNKNOWN\_: DID YOU WITNESS THE INCIDENT/ACCIDENT? Y\_N\_ GIVE A STEP BY STEP DESCRIPTION OF WHAT YOU UNDERSTAND TO HAVE HAPPENED:

WAS EMPLOYEE SENT TO DESIGNATED HEALTH CARE FACILITY FOR EVALUATION Yes\_\_\_ NO\_\_\_

- |                        |   |                                |                |
|------------------------|---|--------------------------------|----------------|
| 1. ___ BODILY MOTION   | 2. ___ INMATE/PRISONER HANDLING               | 3. ___ OBJECT HANDLING         | 4. ___ CONTACT |
| 5. ___ SLIP/FALL       | 6. ___ EXPOSURE/INHALATION                    | 7. ___ INMATE/PRISONER ASSAULT | 8. ___ CAUGHT  |
| 9. ___ COLLISION/UPSET | 10. ___ AGGRAVATION OF PRE-EXISTING CONDITION | 11. ___ MISCELLANEOUS          |                |

SUPERVISOR NAME (PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_