UR MEDICINE | ST. JAMES HOSPITAL

Employee Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees within 24 hours of event and given to the Human Resources Department for further action. This form will be obtained for five years from the date of incident or five years after the worker's compensation claim is closed, whichever is longer. Form is equivalent to OSHA's form 301.

I am reporting a work related: ☐ Injury ☐ Illness ☐ Near Miss

Employee Full Name: _____ DOB: ____/_____/____ DOH: ____/_____/____

Employee Address: _____

City: _____ State: _____ Zip _____ Gender: ☐ Female ☐ Male

Job Title: _____ Department: _____ Supervisor: _____

Date of Event/Near Miss: _____/_____/_____ Time of Event/Near Miss: _____ ☐ AM ☐ PM

Time EE Started Work: _____ ☐ AM ☐ PM Did Employee Obtain Medical Treatment ☐ Yes ☐

If yes, please describe the treatment received:

_____

What body part of your body has been injured? _____

Has this part of your body been injured before: ☐ Yes ☐ No If yes, when? _____

Name of Facility: _____ Physician or Health Care Professional: _____

Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No

Name of witnesses (if any): _____

Where, exactly, did it happen? _____

What were you doing at the time? _____

Describe step by step what led up to the injury/near miss (continue on back if necessary):

_____

What could have been done to prevent this injury/near miss?

_____

What parts of your body were injured? If a near miss, how could you have been hurt?

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When did you first report this, and to whom was it reported to? _____

_____

If you did not report this immediately when it occurred, please explain why: _____

_____

What was the employee doing just before the incident occurred? _____

_____

What happened? Describe exactly how this injury occurred: _____

_____

_____

_____

What was the injury or illness? Describe the part of the body that was affected and how it was affected; be specific: _____

_____

_____

_____

What object or substance directly harmed the employee? _____

_____

_____

Where there any witnesses? ☐ Yes ☐ No If yes, please provide names below.

Name of all witnesses:

_____ _____

_____ _____

_____ _____

_____	_____	_____
Employee Name	Employee Signature	Date
_____	_____	_____
Supervisor Name	Supervisor Signature	Date

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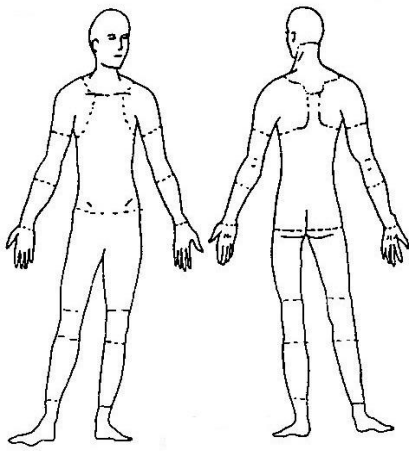
Instructions: Complete this form within 24 hours after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss	
Date of incident:	This report is made by: Employee

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: ☐ Male ☐ Female	Age:
Department:	Job title at time of incident:	

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system:
- ☐ Other _____

This employee works:
- ☐ Regular full time
- ☐ Regular part time
- ☐ Seasonal
- ☐ Temporary

Months with this employer

Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:

What part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities ☐ During meal period ☐ During break ☐ Working overtime ☐ Other_____

Names of witnesses (if any):

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Number of attachments:	Written witness statements:
What personal protective equipment was being used (if any)?	
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Description continued on attached sheets: ☐	

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)	Unsafe acts by people: (Check all that apply)
☐ Inadequate guard	☐ Operating without permission
☐ Unguarded hazard	☐ Operating at unsafe speed
☐ Safety device is defective	☐ Servicing equipment that has power to it
☐ Tool or equipment defective	☐ Making a safety device inoperative
☐ Workstation layout is hazardous	☐ Using defective equipment
☐ Unsafe lighting	☐ Using equipment in an unapproved way
☐ Unsafe ventilation	☐ Unsafe lifting
☐ Lack of needed personal protective equipment	☐ Taking an unsafe position or posture
☐ Lack of appropriate equipment / tools	☐ Distraction, teasing, horseplay
☐ Unsafe clothing	☐ Failure to wear personal protective equipment
☐ No training or insufficient training	☐ Failure to use the available equipment / tools
☐ Other: _____	☐ Other: _____

Why did the unsafe conditions exist?		
Why did the unsafe acts occur?		
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? If yes, describe:	☐ Yes	☐ No
Were the unsafe acts or conditions reported prior to the incident?	☐ Yes	☐ No
Have there been similar incidents or near misses prior to this one?	☐ Yes	☐ No

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Step 4: How can future incidents be prevented?
What changes do you suggest to prevent this incident/near miss from happening again? ☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s) ☐ Redesign task steps ☐ Redesign work station ☐ Write a new policy/rule ☐ Enforce existing policy ☐ Routinely inspect for the hazard ☐ Personal Protective Equipment ☐ Other: _____
What should be (or has been) done to carry out the suggestion(s) checked above? Description continued on attached sheets: ☐

Step 5: Who completed and reviewed this form? (Please Print)	
Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date: