



Injury Report - Employee

Name of Injured Employee: _____ Employee ID #: _____

Department: _____ Location: _____

Date of Injury: _____ Time of Injury: _____ AM PM

Date Injury Reported: _____ Time Injury Reported: _____ AM PM

1. Exact campus location of injury.
2. List of witnesses.
3. Describe injury and body parts involved.
4. Details of first-aid or medical treatment provided.
5. Description of activity at time of injury.
6. What unsafe conditions/actions contributed to the injury?
7. What steps have been taken to prevent similar injuries?
8. Recommendations for additional action.

I declare that the information I have given is true and complete.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____