

TOWN OF EMERALD ISLE
EMPLOYEE'S REPORT OF INJURY FORM

Type of incident being reported : Injury Illness Near Miss

Employee Name: _____ Job Title _____

Department: _____ Supervisor: _____

Time and Date Supervisor was notified: _____

Date of Injury/near miss: _____ Time of Injury/near miss: _____

Names 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 of this page if necessary):

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

Were you using the required Safety Equipment at the time of incident? _____

Was the needed Safety equipment available to the employee? _____

What Parts of your body were injured? _____

Did you see a doctor about this injury/illness? _____ If yes, time and date _____

Doctor's Name and Phone Number: _____

Has this part of your body been injured before? _____ If yes,When? _____

Employee Signature _____ Supervisors Signature _____