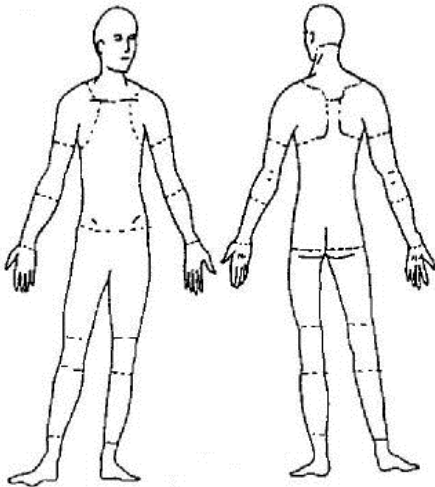


# Individual Report

**Instructions:** Employees shall use this form to report all work related injuries or "near miss" events - no matter how minor. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

This is a report of a:		Death	Lost Time	Dr. Visit	First Aid Only	Near Miss
Date of incident:	This report is made by (check one):		Employee	Citizen		
<b>Step 1: Injured person (complete this part for each injured area)</b>						
Name:		Sex: Male    Female		Phone No:		
		Date of Birth:		Hire Date:		
Address:						
Dept:		Job title:		Hours worked per shift:		



<p><b>Nature of injury: (most serious one)</b></p> <ul style="list-style-type: none"> <li>Abrasion, scrapes</li> <li>Amputation</li> <li>Broken bone</li> <li>Bruise</li> <li>Burn (heat)</li> <li>Burn (chemical)</li> <li>Concussion (to the head)</li> <li>Crushing Injury</li> <li>Cut, laceration, puncture</li> <li>Hernia</li> <li>Illness</li> <li>Sprain, strain</li> <li>Damage to a body system:</li> </ul>	<p><b><u>This employee works:</u></b></p> <ul style="list-style-type: none"> <li>Regular full time</li> <li>Regular part time</li> <li>Seasonal</li> <li>Temporary</li> </ul> <hr/> <p>Months with this employer:</p> <hr/> <p>Months doing this job:</p>
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<b>Step 2: Describe the incident</b>	
Exact location of the incident:	Exact time:
What part of your workday? Entering or leaving work    Doing normal work activities    During meal period During break    Working overtime    Other _____	
Names of witnesses (if any):	
Has this part of the body been injured before? Yes    No    If yes, when?	
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. (Continue on attached sheet if necessary)	
Signature:	Date: