

Employee Safety Incident Report

PURPOSE: *This form is to be used by employees to document their workplace illnesses and injuries.*

INSTRUCTIONS:

- For serious life or limb threatening injuries, call 911 or go to the nearest Emergency Room, and report the injury after the situation has stabilized.
- **Promptly report all workplace injuries & illnesses** to your supervisor AND the Human Resource Manager—even if first aid or medical care is not required.
- Complete this form, and give it to Human Resources **within 1 business day** of the incident.
- If a consumer was involved, **(1)** report the incident to your supervisor, **(2)** do not identify the consumer by name in this report and **(3)** complete a separate consumer incident report.
- If medical attention is required, Human Resources will arrange care through Concentra; as a general rule, you should not [initially] see your own doctor for work-related injuries.

EMPLOYEE INFORMATION	
Name:	Job Title:
Date of Birth:	Hire Date:
INCIDENT INFORMATION	
Date of Incident:	Time of Incident:
Shift Start Time:	Location of Incident:
INCIDENT DESCRIPTION	
What were you doing just before the incident occurred?	
What happened?	
What is the nature of the injury or illness?	
What object or substance directly harmed you?	

Was any first aid administered? ☐ Yes ☐ No

If yes, explain:

Could this incident have aggravated a pre-existing condition or prior injury? ☐ Yes ☐ No

If yes, explain:

Was a consumer incident report filed? ☐ Yes ☐ No

EMPLOYEE SIGNATURE

I affirm that the details provided in this report are true and accurate to the best of my knowledge. I understand that intentionally providing false or misleading information may constitute fraud and could result in criminal charges and/or disciplinary action, up to and including termination of my employment.

Employee Signature

Date

*****Do Not Write Below This Line -- HR Use Only*****

Date Report Received By HR:

Date Reported to MEMIC:

MEMIC Claim #:

HR Signature:

Medical Care

☐ Declined

☐ First Aid: _____

☐ Emergency Room: _____

☐ Concentra: _____

☐ Other: _____

Did the employee miss any work because of this injury? ☐ Yes ☐ No

If yes, explain.

Notes: