



Instructions: Employees shall use this form to report all work-related injuries, illnesses, property damage or “near miss” (which could have caused an injury or illness) Events– no matter how minor. **Form Must Be Completed Within 24-hours of any Event.**

I am reporting a work related: Injury Illness Property Damage Near miss

Was EMC Insurance/ Medcor/on call nurse contacted? Yes No

Your Name: _____ Job title: _____ Supervisor: _____

Have you told your supervisor about this injury/near miss? Yes No

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

Names of witnesses (if any): _____

Where did situation occur? _____

What were you doing at the time?

Describe what led up to the injury/near miss and hazards associated with event:

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

What body part(s) were injured? _____

Supervisor signature: _____ Employee signature: _____ Date: _____