



The Power in Personnel®

**INCIDENT REPORT**

**INJURY REPORT**

BRANCH/CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

INCIDENT LOCATION: (be specific) \_\_\_\_\_

First Aid Treatment by: \_\_\_\_\_ \*\*REFUSED?\*

What Treatment was Applied: \_\_\_\_\_

Employee was referred for further immediate treatment: \_\_\_\_\_

_____	_____	Physician
<b>Health Care Facility/Hospital</b>	<b>Date</b>	

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**Employee to Complete This Section**

Can you read and understand English? Yes \_\_\_ No \_\_\_ Do you need help with this Report? Yes \_\_\_ No \_\_\_

NAME (Last, First, Middle Initial): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_ AM / PM: ON OVERTIME? \_\_\_\_\_ HRS

DATE YOU REPORTED THIS INJURY: \_\_\_\_\_ TO WHOM? \_\_\_\_\_

SHIFT/CREW: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

INJURED EMPLOYEE'S JOB TITLE: \_\_\_\_\_

WHAT WORK WERE YOU DOING?/HOW DID THE INJURY OCCUR? \_\_\_\_\_

\_\_\_\_\_

IF YOU WERE LIFTING/CARRYING BOXES/SUPPLIES, HOW HEAVY & WHAT DIMENSIONS?: \_\_\_\_\_

**DESCRIBE YOUR INJURY (example: sprained left ankle, cut right forearm, burn left ring finger, etc.)**

DID YOU INJURE ANY OTHER PART OF YOUR BODY? YES: \_\_\_ NO: \_\_\_

**WHICH PART(S)?** \_\_\_\_\_

WHO ARE THE WITNESSES TO YOUR INCIDENT? \_\_\_\_\_

\_\_\_\_\_ **IF NONE", WHERE WERE YOU?** \_\_\_\_\_

WHAT SAFETY/PPE EQUIPMENT WERE YOU WEARING? (Be Specific): \_\_\_\_\_

\_\_\_\_\_

**I AUTHORIZE RELEASE OF MEDICAL RECORDS TO MY EMPLOYER & TO THE WORKERS' COMPENSATION INSURANCE CARRIER FOR TREATMENT OF THIS INJURY OR ILLNESS.**

**I DECLARE THAT ALL THE FACTS ABOVE ARE TRUE AND I UNDERSTAND THAT WORKER'S COMPENSATION INSURANCE FRAUD IS A CRIMINAL OFFENSE, PUNISHABLE BY LAW:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date