

Dal-Tek Interiors Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) - *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related:		<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Near miss
Your Name:				
Job title:				
Supervisor:				
Have you told your supervisor about this injury/near miss?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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 the back if necessary):				
What could have been done to prevent this injury/near miss?				
What parts of your body were injured? If a near miss, how could you have been hurt?				
Did you see a doctor about this injury/illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, whom did you see?		Doctor's phone number:		
Date:		Time:		
Has this part of your body been injured before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when?		Supervisor:		
Your signature:		Date:		