



Employee Injury Form

Instructions

Employees should 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 your manager or franchisee for further action.

Employee Injury Form	
I am reporting a work related:	<ul style="list-style-type: none"> • Injury • Illness • Near miss
Your name:	
Your Job Title:	
Did you report this injury/near miss to our client:	<ul style="list-style-type: none"> • yes • no
Date of injury/near miss:	
Time of injury/near miss:	
Name of witness (if any):	
Where, exactly did it happen?	
What were you doing at the time?	
Please describe step by step what led up to the injury/near miss (continue on	

<p>another piece of paper if necessary)</p>	
<p>What could have been done to prevent this injury/near miss?</p>	
<p>What parts of your body were injured? If a near miss, how could you have been hurt?</p>	
<p>Did you see a Doctor?</p>	<ul style="list-style-type: none"> • yes • no
<p>If you did see a Doctor, what is their name and phone number?</p>	<p>Doctor's name:</p> <p>Doctor's phone number:</p>



Has this part of your body been injured before?	<ul style="list-style-type: none">• yes• no
If yes, when?	
Your signature:	
Manager/Franchisee signature:	