



## INJURY REPORTING FORM

**INSTRUCTIONS:** Employees shall report all work-related accidents, injuries or Unplanned events which could or have resulted in an injury using this form. The dully signed form should be submitted/ delivered to to the project manager.

I AM REPORTING A WORK RELATED

INJURY/ ACCIDENT:

NEAR MISS:

SITE NAME:

PROJECT MANAGER:

SUPERVISOR'S NAME:

CASUAL'S NAME:

DATE OF REPORTING:

Is your line Manager made aware of this Incident

YES:

NO:

Location of the Incident

Date of the Incident:

Time of the Incident:

Witnesses if Any

**INCIDENT DESCRIPTION:** Describe tasks being performed and the sequence of events. Attach additional pages 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?

Is a 3rd party responsible for the injury/accident?

YES:  NO:

If Yes, Share the name and Contact of the 3rd Party

YES:  NO:

Was the injury/accident reported to the nearest police station?

YES:  NO:

If Yes, Is the abstract/OB attached:

YES:  NO:

Is Medical treatment necessary?

YES:  NO:

If Yes, Share name of Hospital /Physician

Date of Visit:  Time of Visit:

Hospital? Physician Phone:

Has this part of your body been injured before? YES:  NO:

If yes When?

Attach physician Report:

Casual Name:  Sign/ Date:

Supervisor's Name:  Sign/ Date:

Project Manager:  Sign/ Date: