



INJURY REPORTING FORM

INSTRUCTIONS: Employees shall report all work-related accidents, injuries or Unplanned events which could have resulted in an injury using this form. Once completed, this form shall be given to a manager

I AM REPORTING A WORK RELATED

INJURY:

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: