

ZENA NURSE STAFFING AGENCY

Employee's Report of Injury

Instruction: Employees shall use this form to report all work related injuries, illnesses, or "near miss" event (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 to a supervisor for further action.

I am reporting a work related:	Injury	Illness	Near miss
Your name:			
Job title:			
Supervisor:			
Have you told your supervisor about this injury/near miss?		Yes	No
Date of injury/near miss:		Time of injury/near/miss	
Name of witness (if any):			
Where, exactly, did it happen?			
What you were doing at this 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 part of your body were injured? If a near miss, how could you have been hurt?			
Did you see a doctor about this injury/illness?		Yes	No
If yes, whom did you see?		Doctor's phone number:	
Date:		Time:	
Has this part of your body been injured before?		Yes	No
If yes, when?		Supervisor:	
Your signature:		Date:	

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

(Circle one) Male Female

What part of the body was injured? Describe in detail.

What was the nature of the injury? Describe in detail.

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?

Names of all witnesses:

Date and time of event:

Exact location of event:

What caused the event?

Were safety regulations in place and used? If not, what was wrong?

Did employee go to doctor or hospital? What is the

Doctor's name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a (please circle) : Death/Lost Time/Dr. Visit/First Aid Only/Near Miss

Date of incident: _____

This report is made by (please circle): Employee Supervisor Team Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: Male Female	Age:
Department:	Job title at time of incident:	
Draw part of body affected:	Nature of Injury: (most serious one) Abrasion, scrapes Amputation Broken bone Bruise Burn (heat) Burn (chemical) Concussion (to the head) Crushing Injury Cut, laceration, puncture Hernia Illness Sprain, strain Damage to a body system: Other _____	This employee works: Full time Part time Seasonal Temporary
		Months with this employer:
		Months doing this job:

Step 2: Describe the Incident

Exact location of incident:	Exact time:
What part of the employee's workday? Entering or leaving work Doing normal work activities During meal period During break Working overtime Other _____	
Name of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials, and other important details.			
Description continued on attached sheets.			

Unsafe workplace conditions: (Check all that apply) Inadequate guard Unguarded hazard Safety device is defective Tool or equipment defective Workstation layout is hazardous Unsafe lighting Unsafe ventilation Lack of needed personal protective equipment Lack of appropriate equipment / tools Unsafe clothing No training or insufficient training Other: _____	Unsafe acts by people: (Check all that apply) Operating without permission Operating at unsafe speed Servicing equipment that has power to it Making a safety device inoperative Using defective equipment Using equipment in an unapproved way Unsafe lifting Taking an unsafe position or posture Distraction, teasing, horseplay Failure to wear personal protective equipment Failure to use the available equipment / tools Other: _____		
Why did the unsafe conditions exist?			
Why did the unsafe acts occur?			
Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? <table style="float: right; border: none;"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> </table> If yes, describe:		Yes	No
Yes	No		
Were the unsafe acts or conditions reported prior to the incident? <table style="float: right; border: none;"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No		
Have there been similar incidents or near misses prior to this one? <table style="float: right; border: none;"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No		

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity
- Guard the hazard
- Train the employee(s)
- Train the supervisor(s)
- Redesign task steps
- Redesign work station
- Write a new policy/rule
- Enforce existing policy
- Routinely inspect for the hazard
- Personal Protective Equipment
- Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:
Department:

Title:
Date:

Names of investigation team members:

Reviewed by:

Title:
Date: