

**Employee’s Report of Work-Related
Injury, Illness, Near Miss, or Hazard**

Instructions: Employees shall use this form to report all work-related injuries, illnesses, hazards, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps Worldwide 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. If more space is needed to complete this form thoroughly and accurately, please utilize the blank area at the bottom of page two or attach supplemental pages.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss <input type="checkbox"/> Hazard	
Full Name:	
Phone:	Email:
Job Title:	Supervisor:
Have you told your supervisor about this incident or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss/hazard:	Time of injury/near miss/hazard:
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, or discovery of the hazard:	
If injured, please describe the injury including the parts of your body that were injured:	
If a near miss or hazard, how could you have been hurt?	

What could have been done to prevent this injury / near miss / hazard? Please include any suggestions for corrective action:	
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:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe including dates:	
Your Signature:	Date:

Please utilize the area below or attach supplemental pages if more space is needed to complete this form: