



Report of an Injury, Illness, or Close Call

Instructions: Use this **optional sample form** to report work-related injuries, illnesses, and close calls (“near misses”). It will help identify and correct hazards to prevent future injuries or incidents. Complete this form and give it to your supervisor as soon as possible.

Employee's Name
Supervisor's Name
Date Submitted

I am reporting a work-related: Injury Illness Close Call (“Near Miss”)

Date Occurred	Time Occurred
Did you report the incident to your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, to whom did you report the incident?
Name of Witnesses (if any):	

Where did this occur? (Give exact location, e.g. Tool Room #2)
What task/activity were you doing at the time? (Be specific, e.g. packing apples for shipping.)
Describe step-by-step what led up to the event.

Were you injured? If it was a close call, how could you have been hurt? <i>(Note: this is <u>not</u> a form to be used to file a Workers' Compensation claim. Click here for claim forms and information.)</i>
Are you aware of this happening before at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
What could have been done to prevent this?

Report Submitted By	Date Submitted
Report Reviewed By	Date Reviewed