



Employee Incident Report Non-Tx

Instructions: 1st Employment employees shall report **ALL** work related injuries, illnesses, or “near misses” events (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 and given to a 1st Employment Representative for further action. **You can complete this form in the language you feel most comfortable with.**

I’m reporting a work related: ☐ Injury ☐ Illness ☐ Near Miss

Your Name: _____

Job Title: _____

Have you transferred jobs since starting work? ☐ Yes ☐ No If yes, Date of Transfer: _____

On-Site Supervisor: _____

Have you told your On-Site Supervisor about this injury/illness/near miss? ☐ Yes ☐ No

If yes, when did you notify him/her? Date and Time: _____ at _____

When did you notify 1st Employment? Date and Time: _____ at _____

Date of injury/near miss: _____ Time of injury/near miss: _____

Names of witnesses (if any): _____

Where, exactly, did it happen? _____

How would you describe the environment you were working in at the exact time of the accident? Be specific, and please describe noises, smells, equipment, people, etc.

What were you doing before the accident? Be specific.

How did the accident occur? How did you get hurt? Be specific.

What did you do after the accident?

What specific equipment, tools, products, etc. were you handling?

What could have been done to prevent this accident?

What part(s) of your body were injured? If a near miss, how could you, or someone else, have been hurt?

Did you see a doctor about this injury/illness? ☐ Yes ☐ No

If yes, did you get prior approval from 1st Employment? ☐ Yes ☐ No

Date of your doctor's visit: _____ Time: _____

Doctor's name: _____

Doctor's location: _____

Doctor's phone number: _____

Has this part of your body been injured before? ☐ Yes ☐ No

If yes, when and where? _____

Do you have other jobs, including side jobs? ☐ Yes ☐ No

If yes, what is your side job? _____

Do you have any hobbies? ☐ Yes ☐ No

If yes, what is/are your hobby/hobbies? _____

NOTE: Please provide a sketch of the area where the accident occurred with as much details as possible that will help us understand what happened. You can email or drop off the sketch in our office within the next 24 hours.

Employee Signature

Date



REFUSAL OF MEDICAL TREATMENT (NW414.v2)

I do hereby refuse medical treatment offered by my employer, 1st Employment, for the above stated injury. Should I decide that medical treatment is necessary in the future, I will contact 1st Employment prior to seeking such treatment.

Employee Signature

Date

1st Employment Representative

Date