

Tuolumne County Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work-related injuries, illnesses, or “near miss” 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 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:
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. (Continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? (Left or Right?) 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:

