

INNOVATIONS
7701 Grand River, Suite: 100
Brighton, MI 48114
Fax (810) 225-4003

WORKER INCIDENT/INJURY REPORT

INSTRUCTIONS

1. ANY INCIDENT/INJURY, **NO MATTER HOW MINOR**, MUST BE REPORTED BY THE END OF YOUR SHIFT.
2. Report must be completed by a supervisor or building coordinator. Employee signs bottom of form.
3. Report must be faxed to the Human Resources department within 24 hours of incident/injury. (810)225-4003

INJURED PARTY:

EMPLOYEE NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

HOME ADDRESS: _____
(NUMBER) (STREET) (APT#)

(CITY) (STATE) (ZIP CODE) (PHONE)

BIRTHDATE: _____ # DEPENDENTS: _____ GENDER: _____

MARITAL STATUS: _____ SOCIAL SECURITY _____

Date of Incident/Injury _____ Time of Incident _____ AM PM

Date Reported: _____ Location of Incident: _____

Specific Body Part Injured: _____

Nature of Injury (i.e.: laceration, sprain, strain, etc.): _____

Object, Equipment, Substance, or Party inflicting injury: _____

Did this incident involve the presence of blood or other infectious body fluids? Yes _____ No _____

Supervisor Name: _____
(FIRST) (LAST)

Supervisor's statement: (based on the injured party's statement to you). State where, when, how, and why incident happened.

"Injured party claims that _____

_____."

Witness Name: _____
(FIRST) (LAST)

Witness' statement: (describe what witness saw)

"Witness claims that _____

_____."

Was first aid administered on site? YES _____ NO _____

If yes, describe: _____

Was treatment sought at an Occupational Health Clinic? YES _____ NO _____

If yes, give name, location, and date seen: _____

Was treatment sought at hospital/other off-site location? YES _____ NO _____

If yes, give name, location and date seen: _____

Did employee refuse medical treatment? YES _____ NO _____

Injured Party's Signature Date

Witness' Signature Date

Supervisor's/Coordinator's Signature Date

***Human Resources Coordinator To Complete:**

Date Report Received: _____ Action Taken: _____

Was there any exposure to Bloodborne Pathogens? YES _____ NO _____

Investigation Conducted? YES _____ NO _____ If yes, describe: _____

Recorded on MIOSHA Log? YES _____ NO _____

Human Resources Signature Date