

BSE EMPLOYEE INCIDENT/ INJURY REPORT

Instructions: Employees shall use this form to report all work-related incidents, injuries or a “near-miss” events (which could have caused an injury/incident). This will help us to identify and correct hazards before they happen. This form shall be completed by the employee and submitted as soon as possible to the supervisor from the department in which the incident occurred in for review and determination of action.

I am reporting a work-related: Injury Incident Near-miss

Employee: _____ Event Date: _____

Department: _____ Supervisor: _____

Employees involved: _____

Were other individuals/companies involved: _____

Witnesses if any: _____

Where, exactly did this occur: _____

Describe step by step what led up to the incident/injury or near-miss: _____

What could have been done to prevent this? _____

Was medical attention given? Yes No

Describe what and where medical attention was given: _____

Employee Signature: _____