

# Calvin College Employee Injury Report

Complete form, have your supervisor sign it, & send it to EH&S within 24 hours of the incident.  
Send a copy to Human Resources.

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Location of incident: \_\_\_\_\_  
Time of incident: \_\_\_\_\_ Time you started work: \_\_\_\_\_

What were you doing just before the incident occurred (describe the specific activity as well as the tools you were using)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened? How did the injury occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the injury or illness? What part of the body was affected and how? Be specific. \_\_\_\_\_

\_\_\_\_\_

What object or substance directly harmed you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What future changes can be instituted to prevent such occurrences in the future?

\_\_\_\_\_  
\_\_\_\_\_

Medical action taken (include first aid and medical treatment):

\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_