

Calvin College Employee Injury Report

Complete form, have your supervisor sign it, & send it to Pat Buist at EHOS within 24 hours of the incident.
Send a copy to Dorothy Britton in 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 _____